



Annual Report 2019/20



phn
SOUTH WESTERN
SYDNEY

An Australian Government Initiative



Quality
ISO 9001

SAI GLOBAL



Our Members

Full Members

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Karitane
Lifeline Macarthur
One Door Mental Health
Southern Highlands Division of General Practice
Sydney South West GP Link
Sector Connect
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Associate Members

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Qualitas Australia
Quest for Life Foundation
Regal Home Health
Completely Aligned

Friends of SWSPHN

AK & DS Pty Ltd T/A My Family Health Medical Centre
Stepping Stone Services

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Our purpose

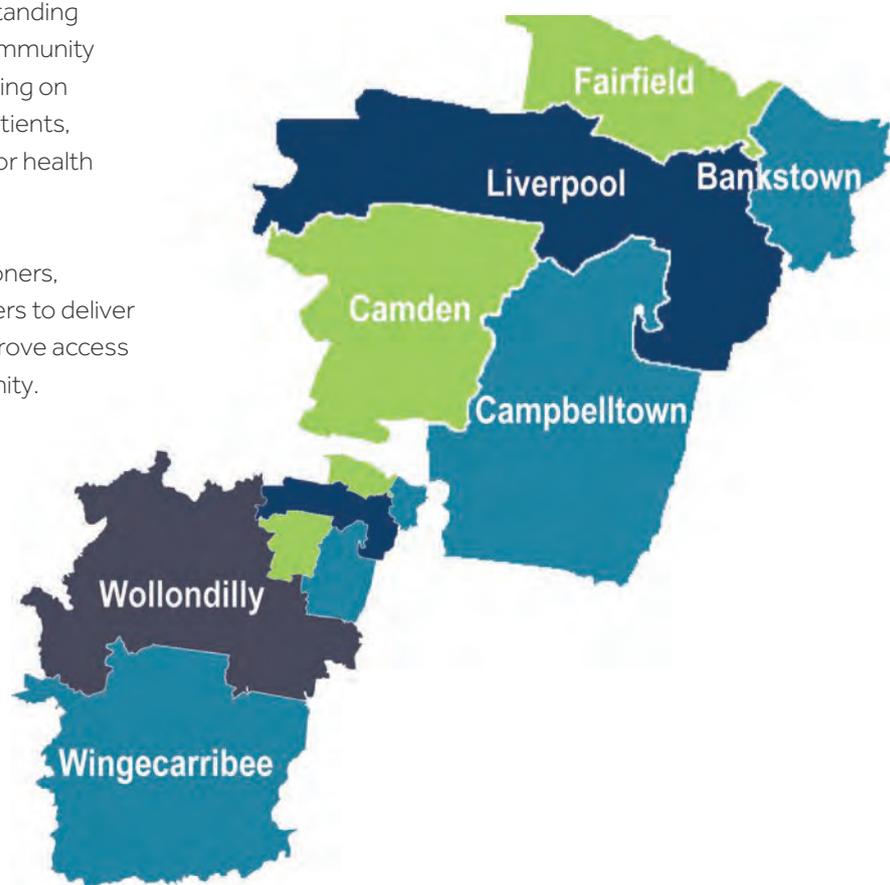
South Western Sydney PHN is one of 31 Primary Health Networks (PHNs) established by the Australian Government to increase efficiency and effectiveness of health and medical services in the local community.

We do this by supporting local clinicians; understanding the healthcare needs and service gaps in our community through planning and consultation; and by focusing on improving access to primary care services for patients, particularly those in our community at risk of poor health outcomes.

We are dedicated to supporting general practitioners, practice nurses and other primary health providers to deliver the best possible care for their patients and improve access to quality local healthcare for the whole community.

We are also dedicated to improving the coordination of care to ensure patients receive the right care, in the right place, at the right time.

South Western Sydney PHN covers the local government areas of Bankstown, Fairfield, Liverpool, Camden, Campbelltown, Wollondilly and Wingecarribee.



Our vision



To be a lead organisation enabling an effective, innovative and integrated health system for South Western Sydney

Our service standard



To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location

Our mission



To enhance and connect primary healthcare so residents and patients achieve better health outcomes

Our values



Fairness

Make decisions free from bias and discrimination



Integrity

Behave honestly and accept responsibility for one's conduct



Optimism

Present a positive and constructive approach to future events



Courage

Strength to lead and innovate



Trust

Maintain mutual respect for one another and act in good faith



Empathy

Gather insights and understanding of others' experiences

Our goals



1. A healthier community



2. An informed and empowered community



3. A better health system experience by GPs and primary care providers



4. An integrated health system that is fit for purpose



5. Primary healthcare that demonstrates value

Our region

Area profile

1



Local Health District

429



General Practices

6



Hospitals

1,019,985

people live in our region

Our region is 6,186km² and covers seven local government areas (LGAs)



There is expected to be a 33% population increase by 2031

1,284,600

people will live in our region by 2031



1,139

General Practitioners



403

Practice Nurses



37

Early Childhood Health Centres

Current population



49.2%

Male



50.8%

Female



SWS 2.1%

NSW 3.4%

First Nations People



SWS 43.3%

NSW 34.5%

Born outside Australia

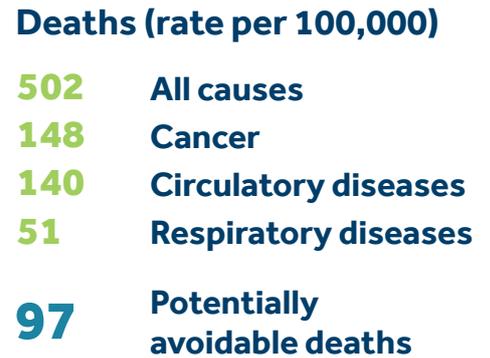
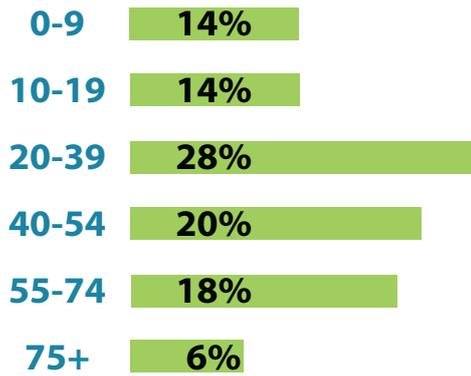


SWS 45.3%

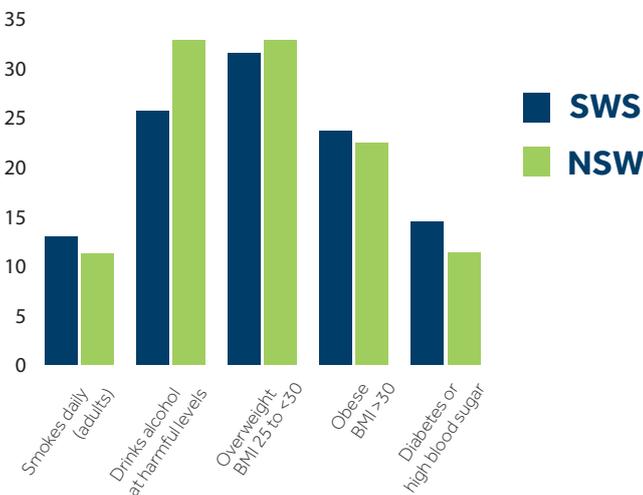
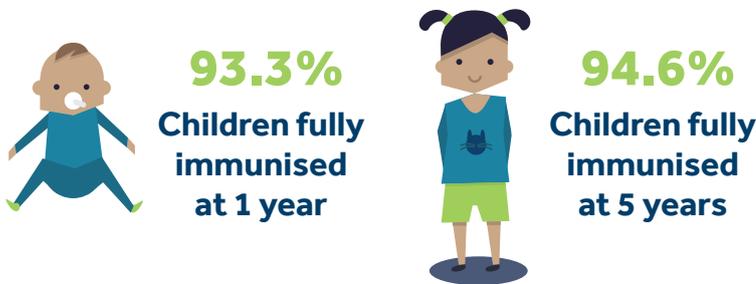
NSW 25.2%

Speak language other than English at home

Age of our region



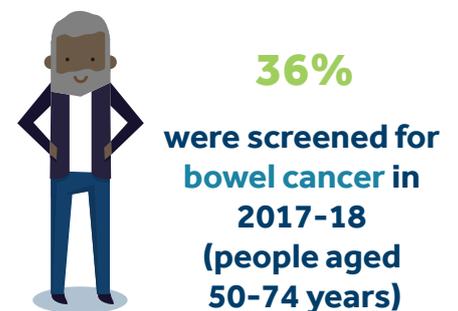
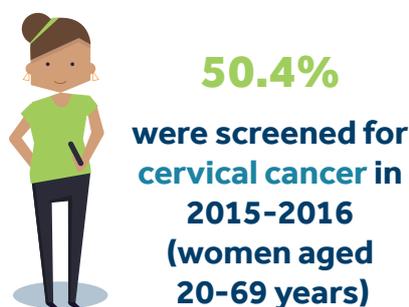
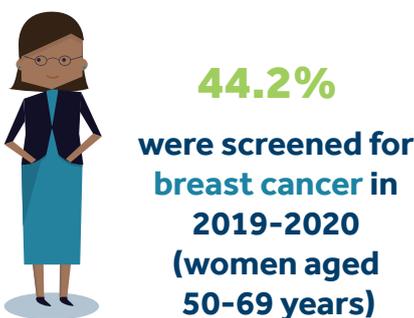
Area profile



1 in 5 adults reported high levels of psychological distress in 2019

- 82%** Visited a GP in 2015-2016
- 13%** Smoke daily (adults)
- 26%** Drink alcohol at harmful levels
- 32%** Overweight (BMI 25 to >30)
- 24%** Obese (BMI ≥30)
- 15%** Diabetes or high blood sugar

Cancer screening





Chair's report



On behalf of the Board and staff, welcome to the 5th annual report of the South Western Sydney PHN (SWSPHN) for the year ending 30 June 2020. We are all acutely aware that the year has been an exceptionally challenging one, as we have faced the disruption and difficulties of the COVID-19 pandemic on the back of the devastation of the summer's bushfires.

SWSPHN has responded to these crises with courage, agility and resilience, having had to adapt to rapid change on multiple fronts, as has our community and country. SWSPHN has been committed to supporting and informing our community, general practice and primary care providers, and has worked closely with the South Western Sydney Local Health District (SWSLHD) in this regard.

Throughout the year we have continued to pursue our mission of achieving better health outcomes for our community. Our commissioning of services to address health gaps and inequalities in our region continues to mature and is a key element in meeting that aim.

Joined-up services, through co-ordination and integration of the health system, is another core focus for SWSPHN. We work with our partners in this endeavour to improve patient experience and the health of our population.

Enhancing access to high quality general practice and primary care is a central role for our PHN team. Our activities range from practice support and quality improvement programs to professional development and training.

Furthermore, we recognise the importance of looking over the horizon to prepare for the future. Our innovations include the development of the My Care Partners program, a team-based approach to meeting the care requirements of individuals with complex health needs. SWSPHN's iRAD (Integrated Real-time Active Data) project, Australia's first truly interoperable health platform which enables reliable sharing of information between healthcare providers, has expanded its footprint during the year.

I would like to express my appreciation for the inspirational efforts of our dedicated staff, capably led by our CEO, Keith McDonald, and the Executive team. Thank you also to my fellow Board members for their contributions and stewardship of the organisation through this difficult period. Many thanks also to our committee members, member organisations, partners, health professionals and providers who strive to improve the health of our unique and growing region.

Finally, I would like to acknowledge and thank Professor Rhonda Griffiths and Dr Sayeed Khan, who retire from the Board at this year's annual general meeting, and Mr Darryl Wright who resigned from the Board in August 2019. All three have been Directors since the foundation of SWSPHN in 2015 and have provided strong and valuable insights and leadership to our Board. It has been a privilege and a pleasure working with them and I wish them all well for the future.

I commend the Annual Report to you, and the many highlighted achievements within, and look forward to our ongoing engagement with you to positively impact the health of our community.

Dr Matthew Gray

Chair, South Western Sydney PHN

CEO's report



"May you live in interesting times."

The historic origins of this statement may be blurry, but there can be no more an apt description for 2019/2020. When you read this Annual Report, in only our fifth year of operation as a Primary Health Network, what should jump off the page is a picture of an organisation that is both resilient in the face of adversity and vibrant in the face of change.

We are resilient because we stay on task. Despite once-in-a-generation disruptions, the team continues to be a responsible corporate citizen that commissions an increasing range of affordable, evidence-based services for vulnerable people; enables meaningful integrated person-centred care; and steadfastly works with local general practices to build capacity.

We champion quality primary healthcare as we continue to reach out and respond to the needs of the many and varied communities across South Western Sydney.

We are vibrant because we do not stand still. Dynamic partnerships with other PHNs, NSW Health, the South Western Local Health District, universities, local governments and key non-government organisations help us leverage a collective commitment to innovative practice across services and sectors.

No PHN yet has a formal role gazetted for it in disaster management and emergency responses. Yet at short notice we proved ourselves to be agile and adaptable in mobilising the primary healthcare contributions to both the devastating summer bushfires and COVID-19 pandemic in quick succession.

When you take a look at our Annual Report, I trust you will quickly recognise what our skilled and dedicated team seeks to accomplish. You will see:

- Our commitment to enhancing the quality and safety of care delivered by 429 general practices and the professional experience of the 1,139 GPs and 403 Practice Nurses in our service catchment.
- No less than 80 contracts for priority services in Aboriginal health; chronic disease management; drug treatment services; GP after hours services; mental health; and palliative care.
- Ground-breaking innovations in integrated models of care, digital health and place-based strategies.
- An expansive commitment to community engagement through planning, co-design, health literacy and self-management strategies.
- A robust operation built on a sound financial position, quality management, performance development and teamwork.

There is no hiding from uncertainty this year but also for some time to come. Together with the Board and Executive, our strategies must focus on the purpose for which we are engaged by the Australian Government, whilst being flexible and responsive to opportunities.

I am confident we have the team and the partners to continue achieving our worthwhile goals.

Dr Keith McDonald PhD

CEO, South Western Sydney PHN

Our board



Dr Matthew Gray

B.Med (Newcastle), B.Ec,
FRACGP and FAICD



Dr Anett Wegerhoff
Vice Chair

MBBS, DRANZCOG,
FRACGP and GAICD



Dr Sayeed Khan

MBBS (University of
Karachi, Pakistan),
GAICD



**The Hon Craig
Knowles AM**

Fellow of the Australian
Property Institute in both
Land Evaluation and Land
Economy and CPV



Dr Vince Roche

Associate Professor,
MBBS, DCH, DRCOG,
DRANZCOG, FRACGP,
FACRRM



Ms Amanda Larkin

Bachelor of Social Work,
Associate Diploma in
Environmental Planning



**Professor Rhonda
Griffiths AM**

RN, RM, B.Ed, MSc (Hons),
PhD



Mr Mark Allen

Diploma of
Law (Solicitors
Administration Board)

Responding to COVID-19 | *special feature*

2020 has been a challenging year for us all. Like most workplaces across the country and the world, our staff have had to adjust to living with the health risks associated with the COVID-19 pandemic and to the lockdown which affected every part of our lives.

SWSPHN is proud of its team's commitment to our community during this pandemic.

Staff ensured our general practices were supported with personal protective equipment (PPE) and up-to-date information, and the wider community were given the resources and guidance to protect both their physical and mental health and wellbeing.

Supporting our general practices

Partnership with the South Western Sydney Local Health District (SWSLHD)

SWSPHN has worked closely with SWSLHD in our response to COVID-19. The partnership has included weekly meetings to review our response to the pandemic and our communication with general practice and the community.



COVID-19 Response Coordinator

We appointed a COVID-19 Response Coordinator in April to liaise with SWSLHD on training for general practice and assist in increasing community testing; liaise with the Department of Health on our region's four general practice respiratory clinics; liaise with the GP respiratory clinics and more than 30 other practices who also are committed to testing; organise mask allocations and deliveries from the national stockpile; facilitate a team of COVID-19 response dispatchers; source masks and gowns; respond to enquiries from GPs, allied health, pharmacies and specialists; and work with our communications team to ensure correct and up-to-date information is conveyed.



Mask delivery

SWSPHN has supported general practice with personal protective equipment (PPE) from the national stockpile.



From March to August, SWSPHN staff and response dispatchers delivered more than 10,000 boxes of surgical masks and 1,500 boxes of P2 masks

In total, we have delivered more than 500,000 individual surgical masks and almost 32,000 individual P2 masks to 430 general practices, four GP respiratory clinics, 223 pharmacies and 446 allied health professionals across our region. We also distributed 1,400 national stockpile gowns to the GP respiratory clinics and purchased a further 5,260 gowns for distribution.

Working with GPs to establish testing clinics

SWSPHN helped identify and consult with existing, suitable GPs to establish four GP respiratory clinics across the region. We distributed an expression of interest to GPs; provided the Department of Health with feedback on locations and the suitability of sites which expressed interest; liaised with the clinics at Mittagong, Picton, Campbelltown and Fairfield; supplied clinics with PPE; and communicated locations, times and how to book an appointment at these clinics to our community.

We supported individual general practices who were testing for COVID-19 on site by: allocating those practices with P2 masks as deliveries came from the national stockpile and supplying gowns which we sourced; liaising with SWSLHD to organise infection control training for practices; and promoting those practices on our website, social media and through translated information sheets when increased testing was being advised in Fairfield and Bankstown.



Emergency workforce availability lists

In April, SWSPHN partnered with SWSLHD to build a database of allied health professionals, nurses, GPs and representatives from non-government organisations to form part of the local Pandemic Plan 'emergency workforce' availability list. In August, SWSPHN distributed an EOI to build an availability list of personnel with varied skillsets (including nurses, allied health professionals, administration staff), to support a range of tasks at SWSLHD's pop up clinics across the region.

CPD transition to Zoom

It was a big change for everyone, but our primary healthcare community embraced our shift of CPD activities from face-to-face meetings to webinars held using Zoom.

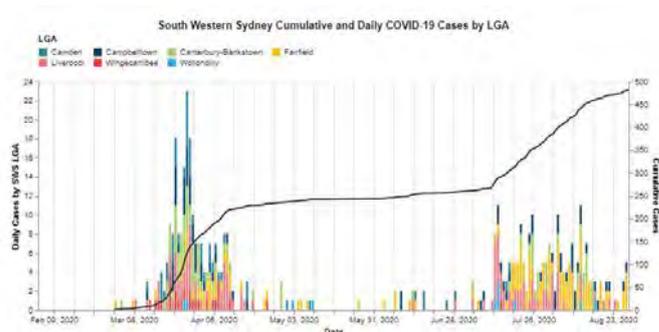


We held 11 webinars between 18 March and 30 June which were well-received, attracting an overall attendance of 1,088 GPs, practice nurses and other practice staff

Topics included influenza and coronavirus updates, held in partnership with the SWSLHD Public Health Unit; infection prevention control training – updated as relevant for COVID-19; a joint PHN and SSW GP Link Expert Panel Series focusing on COVID in primary healthcare; and supporting patient mental health. The webinars were well received with participants saying they liked the new mode of CPD delivery which was flexible and more easily accessed.

Communications

SWSPHN stepped up its direct communications with general practice throughout the pandemic with regular emails updating healthcare providers with urgent information and by quickly developing a weekly COVID-19 update for GPs, practice nurses and practice managers. In the period between 28 January and 30 June, we provided important information to general practices in relation to COVID-19 via email 59 times. Three webpages were also developed with information specifically for healthcare providers on our website including general COVID-19 information, testing options in South Western Sydney and a page with interactive graphs providing a snapshot of COVID-19 cases across the region. The graphs are unique in that they drill down into postcodes, giving us a more detailed view of how COVID-19 is progressing in South Western Sydney.



New HealthPathways

In partnership with the HealthPathways community across Australia, our team developed a wealth of new HealthPathways to support GPs in providing care during COVID-19. These included subject matter such as: practice management; initial assessment and management; assessment and management in residential aged care; preparation of Residential Aged Care Facility (RACF) residents (for GPs); links to information; impacts on clinical care; impacts on local services and changes; and telehealth.

Supporting our community

Easy to follow information provided in a variety of languages

SWSPHN developed, locally relevant, easy to read, downloadable information in a variety of languages to support our community to better understand COVID-19 and behaviours which would help them keep safe.

Health Resource Directory

In April, factsheets were developed for our Health Resource Directory (HRD) website for our community about COVID-19, self-isolation and steps to stop the spread of the virus.



Health Resource Directory provides safe, reliable, locally relevant downloadable health factsheets which have been checked by a local GP and thoroughly proofed and endorsed by our Community Advisory Committee

HRD made this information available in Arabic, simplified Chinese and Vietnamese, in addition to English.

Testing options factsheets

We also developed factsheets providing information on testing options in South Western Sydney. These information sheets include the locations, contact details and opening hours of our region's GP-led respiratory clinics and public flu assessment clinics.



Such information sheets are routinely translated into Arabic, simplified and traditional Chinese and Vietnamese, however having identified LGAs where testing rates were low, we regularly adapted the information for more targeted audiences, including translations into Assyrian and Khmer and information on testing sites in Fairfield and Bankstown.

SWSPHN worked with our community to ensure our testing options factsheets were distributed as widely as possible. We gained the support of our region's councils, interagency groups and multicultural groups to distribute the factsheets through their networks, a Vietnamese language newspaper which published the information, and Assyrian and Vietnamese radio stations which provided an opportunity for well-known community representatives to speak directly to their communities about the importance of testing using a script prepared by SWSPHN.



Reaching our community

Our communications team acted quickly at the outbreak of the pandemic to develop webpages specifically for our community to provide clear, regularly updated information about COVID-19 from reliable sources including the Department of Health and NSW Health.

Where can I get tested?

There is a range of testing options for people living in South Western Sydney.

Testing clinic options include:

- GP Respiratory Clinics
- Private pathology testing
- Drive-through testing
- COVID-19 Flu Assessment Clinics (located at hospitals or pop-up clinics)
- Some GPs provide COVID-19 testing

Many testing options do not need a GP referral. Check to find out details.

Find out more swhphn.com.au/covid19-testing

We developed a webpage outlining the nearest testing options across the region, including pop-up clinics, GP respiratory clinics, drive-through clinics, hospital flu assessment clinics and individual GPs who were testing, and provided information on how to access each of these services.

A third webpage compiled helpful mental health information and resources, self-care tips, a list of our local commissioned services and helplines to support our community with their mental health and wellbeing.



We provided almost daily updates on COVID-19 via our social media platforms – Facebook and Twitter – with information about testing options, case updates

We provided support for older Australians, mental health services and tips; a comprehensive section in each of our monthly Community Pulse newsletters with information relating to the latest alerts, advice, hotspots and pop-up clinics; and information on the opening of the region's GP respiratory clinics via our local media.

Community of Practice for mental healthcare providers

SWSPHN created a Community of Practice (CoP) to support our commissioned mental health service providers providing care throughout the COVID-19 pandemic.

The CoP allowed service providers to share how they were delivering services during COVID-19, how they are adopting new models of care, along with other key learnings. We have had great engagement from 30 clinicians representing 20 services, with providers appreciating the opportunity to connect with other providers.

Don't Neglect Your Health campaign

Local doctors from the acute and primary care sectors joined forces to urge the community not to neglect their health during the COVID-19 pandemic after general practices across the region noted a reduction in patients visiting their surgeries during the pandemic.

The joint SWSPHN and SWSLHD campaign saw local GPs and doctors from hospital emergency departments appear in videos and speak to the media to warn locals that neglecting your regular health or chronic conditions now could lead to serious health issues and worsening chronic conditions down the track. The videos can be seen on [SWSPHN's YouTube channel](#).



COVIDSafe workplace plan

A staged, COVIDSafe workplace plan was also implemented for SWSPHN staff in response to the pandemic. Almost all staff worked from home for two months during Sydney's heaviest restrictions, only returning to work on site at the beginning of June under an alternating A/B roster when restrictions had lifted and it was safe to do so.

During this time, the SWSPHN team successfully implemented its business continuity plan, embracing online communications through the use of Zoom and Microsoft Teams and were able to maintain deliverables and support our community effectively.

Bushfire response | *special feature*

As catastrophic bushfires burned across the country last summer, SWSPHN was ready to respond to minimise their impact and support our community, especially those in the Wingecarribee, Wollondilly and Camden local government areas who bore the brunt of the local devastation.

Our staff reached out to our community:

- Consulting with our local service providers to ensure those who were affected had priority access to the care they needed
- Liaising with the South Western Sydney Local Health District (SWSLHD), NSW Rural Doctors Network and other agencies who were linked to state-wide emergency management to ensure our response was well coordinated
- Offering practical support where we could, especially to clinicians and practice staff who continued to work hard for their communities during what may well have been a personally challenging time

Supporting our general practices

Special edition bushfire newsletter

In January, we responded quickly to the evolving disaster by compiling a special edition newsletter to support general practices in caring for their patients. The newsletter had the latest information about new Medicare item numbers, bushfire smoke alerts and advice on using masks. It included a wealth of information about mental health services which continue to provide support across the region, including our own commissioned services, our special CPD and debrief session and the call-out for healthcare providers wanting to provide help in bushfire affected communities.

New HealthPathways

We added three new pathways to support local GPs and primary care providers caring for patients affected by the bushfire emergency. The pathways included: general practice management during a disaster, which includes managing patients with chronic diseases such as hypertension or respiratory illness; post natural disaster health; and preparing patients for a disaster.

CPD and debrief session by disaster recovery expert

SWSPHN hosted David Younger, clinical psychologist and disaster recovery expert, who worked with communities in Victoria following the Black Saturday fires in 2009. David presented *Disaster recovery: working and living in a bushfire affected community* at sessions for GPs, practice nurses and mental health workers to support those impacted by the fires.

Three sessions were held at Mittagong RSL Club and Vaby's Restaurant Picton and attracted 65 primary care providers who praised the events. Wingecarribee GPs asked for a similar session leading into the next bushfire season when the community's anxiety about bushfires is expected to peak.



Supporting our community

Mental health initiatives

Funding was provided by the Australian Department of Health to support mental health and wellbeing initiatives for bushfire affected areas. It included funding for frontline emergency distress and trauma counselling, expansion of existing mental health services and supporting communities in recovery community grants. SWSPHN used the funding to enhance existing commissioned services for children, young people and adults and to enable services to provide outreach to community and frontline workers such as Rural Fire Service volunteers, with a particular focus on Wollondilly, Wingecarribee and Camden. We will also be providing community grants focused on building community resilience.

Reaching our community

SWSPHN developed a dedicated bushfire webpage with easy to access resources, helplines, telehealth and eHealth services for those needing support with their mental health. The webpage outlines what help is available, including suitable commissioned mental health services for children, young people, adults and Aboriginal and Torres Strait Islander people, possible reactions to distressing events and advice on when to seek help. We also developed a downloadable resource to improve mental health literacy and awareness of service availability which can be found on the webpage. This resource was distributed to general practices across Wollondilly and Wingecarribee.

Social and traditional media

Given that many face-to-face health services including outreach were paused due to COVID-19, SWSPHN recognised the mental health of people affected by bushfires was likely to be exacerbated by the pandemic.

In response, we stepped up promotion of our mental health resources by developing a paid social media campaign which ran in July and August this year focusing on the areas that had been particularly affected by bushfire.

We ran several different advertisements using still images and carousel advertisements and reached a total of 72,700 people, with 878 link clicks leading to our landing page: swsphn.com.au/bushfire-support.



With everyone's focus on COVID-19, we responded to feedback from our community that many who were still living with the aftermath of the fires felt forgotten

SWSPHN supported psychologists from our commissioned services to speak out to reassure those impacted by bushfires they were not alone and that there are a range of local support options available, again directing community to our bushfire resource webpage. Our media release was published in local media and our message received coverage on the news bulletin of the Campbelltown-based commercial radio station.

Working with our partners

We worked with SWSLHD, and Wingecarribee and Wollondilly councils to ensure a coordinated approach to service provision in our region and to improve access to free mental health services to those impacted by the bushfires.

Accessing mental health services

As of 28 June 2020, 119 clients had been referred to SWSPHN commissioned services for psychological therapies, 92 individuals received support and 583.5 services were delivered to residents of Wollondilly, Wingecarribee and Camden whose mental health was impacted by bushfires.



COMMISSIONING



80

contracts managed



44

service providers



7,487

unique clients supported (mental health or AOD)



48,983

mental health & AOD occasions of service

THE COMMISSIONING CYCLE



Commissioning

Commissioning is an innovative way of addressing the gaps and inequalities in health services in regions across the country – including South Western Sydney – providing the flexibility to adapt to local needs and drive sustainable change in the health system.

It requires a robust understanding of our region's health needs, and strong engagement with consumers and service providers to develop and implement new models of care that improve health outcomes.

At SWSPHN, we are now in our fourth year as a commissioning organisation, and are continuing to develop stronger relationships with stakeholders and deliver enhanced services to meet the health needs of our community.

Through our commissioning process, we strategically plan, procure services, and monitor and evaluate those services. This is done in a continuous quality loop linking the evaluation of current services' success in improving the health of our community to planning for the next cycle of services.

We commission services to address gaps in mental health, alcohol and other drugs, Aboriginal and Torres Strait Islander health, integrated health including diabetes, hepatitis C, antenatal shared care and palliative care services, and access to after hours GP care.

In the last financial year, our Commissioning team also provided contract and management support for our Mental Health team's new male suicide prevention grants program.



In 2019-20, SWSPHN managed 80 new contracts – 62 in mental health and 18 in integrated health – and 37 contract variations – 32 mental health contract variations and five integrated health variations

Open Windows implementation

During the last financial year our Commissioning team worked towards implementing a new contract management software, Open Windows, to store and manage contracts efficiently and in a secure centralised location. The new Contracts Module went live at the end of July 2020 and all renewable contracts and new contracts are now in Open Windows. SWSPHN plans to roll out Open Windows' Tender Module and Supplier Relationship Management portal in the next six to 12 months.



Role of research

Utilising research throughout commissioning in a continuous cycle is critical to ensuring decisions about the commissioning and evaluation of service models are based on robust evidence.

Embedding research and evidence within the commissioning cycle ensures that SWSPHN is able to:

- use evidence to inform the commissioning of new services and ensure improved outcomes and experiences of service for those using our commissioned services
- make decisions based on the latest evidence available to ensure value for money when commissioning
- better utilise evidence from continuous monitoring and evaluation to improve future service delivery and planning
- take advantage of opportunities to support and collaborate in research led by other organisations that will progress SWSPHN's strategic directions
- have increased confidence in the effectiveness and efficiency of commissioned service models

Our focus

In 2019-20 we have focused on building relationships with research organisations, communicating our health priority areas more clearly and redefining the strategic research framework.

This will clearly communicate the research priorities in our region and improve opportunities for collaboration that align with the strategic direction of SWSPHN.

We have also developed a new Research Policy and Research Involvement Register for internal use that outlines the process for responding to requests for involvement in research from external research organisations and other stakeholders.



We are in the process of developing a framework outlining the different sources of evidence available and their potential uses within SWSPHN

Research results

We use the findings from the research projects we engage in to fill gaps in SWSPHN's knowledge around needs, planning, evidence-based service models as well as making improvements to the design, monitoring and evaluation of existing commissioned services. We are also exploring opportunities to review existing literature to also inform our decision-making.

Example of how research is being used

We have endorsed a project being conducted by the University of Sydney looking at the effectiveness of our youth specific mental health services delivered via telehealth instead of the traditional face-to-face modality. The findings of this project will give us some indication as to what changes we may need to make to the way our services are delivered in order to achieve the best possible outcome for the people using the service.

Data visualisations

SWSPHN has leveraged data visualisation tools like Qlik Sense to more effectively measure the impacts and drive further improvements in our services in the last financial year.



PHN Commissioning Conference

Our Commissioning team was part of the capacity crowd representing 22 PHNs from across Australia who had the opportunity to share learnings and network at the 2019 PHN Commissioning Showcase at the Merewether Surfhouse in September 2019.

Our then Commissioning Manager, Luke Arnold, presented *Data Visualisations: A Buy-in Tool to Improve Service Provider Readiness for Outcomes Based Commissioning*, alongside four keynote speakers and presenters from 15 other PHNs.

He focused on the role of data visualisation tools like Qlik Sense as relationship management tools for outcomes-based commissioning.



“The more we share these visualisations with our service providers, the more value they see in data – the more they value it, the more they want to provide data”

- Luke Arnold, Commissioning Manager (2019)

SWSPHN co-hosted the conference, now in its third year, which aims to share national and international commissioning insights and support networking across PHNs.

It focused on four key areas – Outcomes Based Commissioning, Evaluation, Health Intelligence and System Leadership and Co-design – which were addressed by the keynote speakers Stephen Childs, Alison Verhoeven, Evie Cuthbertson and Jay Rebbeck.



Primary Health Insights (PHI)

The use of data provides SWSPHN with an evidence-based understanding of our community's health needs and is vital to our work in commissioning services to address the gaps and inequalities in service provision in our region.

In early 2020, we became a pilot PHN for Primary Health Insights (PHI), a project led by the Western Australian Primary Health Alliance and built by Aginic, to develop a platform PHNs can use to secure, store, manage and analyse their healthcare data.



What is PHI?

The PHI platform is a cloud-based solution which will provide participating PHNs with a 'secure box' to store their data and to control who has access to that data.

PHI will also provide a 'common zone' with restricted access which will allow PHNs to collaborate – sharing data, resources and skills. The common zone will also provide a secure and efficient environment for external data sources such as the Australian Institute of Health and Welfare and the Australian Bureau of Statistics to share their data.

Why is PHI important?

PHI will provide PHNs with access to a sophisticated data storage and analytical solution which wouldn't have been possible without the benefit of having multiple parties contribute to the costs.

It will improve collaboration between PHNs and may assist in access to important de-identified data from external data sources because of increased confidence in data security. Internally, our participation in the PHI project has also provided an opportunity for a review of our data governance processes and for our staff to be trained in building those processes.

PHI will mean our data processes are far more automated, ensuring if an error occurs it can be systematically retraced. These efficiencies will also allow our staff more time and resources to develop insights for data-driven decisions.

How will PHI benefit our community?

The benefits of PHI to our community are three-fold. PHI will assist in identifying specific health needs in our region, ensuring a more targeted approach to commissioning services. It will enhance our population health planning, facilitating integrated care by showing a clearer picture of the health system and what's currently missing. PHI will support service providers, specifically primary care, to better understand the needs of their community.

Where is it at?

PHI is currently in the building phase. Up until 30 June, SWSPHN's participation in the project has provided an opportunity for input into how the platform is being built and to aid in quality assurance as each element of the platform is built. Ultimately, SWSPHN will test the platform and provide feedback on behalf of other PHNs.



Commissioning the new Continuing to Be Me Program

It is estimated that up to 52 per cent of older adults in Residential Aged Care Facilities (RACFs) experience symptoms of depression, and fewer than one per cent receive psychological support. SWSPHN commissioned Parramatta Mission to deliver the Continuing to Be Me Program (C2bMe) across the region in 2019-20 to enable residents of these facilities with mental illness to access services similar to those available in the community which, in the past, have not been routinely available to older people living in RACFs.



The C2bMe Program is a new psychological treatment service for people living in Residential Aged Care Facilities (RACFs) in South Western Sydney, while also offering capacity building activities for the staff who care for them

It's objectives include:

- providing a comprehensive person-centred model of care
- reinforcing identity and purpose
- increasing connectedness and hope
- improving resident mental health and wellbeing
- increasing the day-to-day functioning of residents in aged care facilities

The C2bMe program:

- provides evidence-based, short-term therapies delivered by mental health professionals through therapeutic groups or individual clinical care
- capacity building for RACF staff
- an integrated team approach to care involving GPs, RACF staff, carers and families

Given the challenges around COVID-19 in 2020, Parramatta Mission has adapted its ways of working to ensure risks to residents, aged care facility staff and C2bMe staff are mitigated while ensuring C2bMe is still able to provide a quality service. It is providing training and services in various ways, including via telehealth.

First year success for South Western Sydney Recovery College

South Western Sydney Recovery College (SWSRC) had a busy first year, successfully transitioning to online learning to continue to deliver courses, workshops and training opportunities in response to the COVID-19 pandemic. SWSRC is funded by SWSPHN in partnership with One Door Mental Health and is delivered by Macarthur Disability Services.

It began providing education programs in July 2019. SWSRC is for people with a lived experience (including youth aged 12 years plus), carers and service providers to come together to learn from each other, share experiences, increase their understanding of mental health recovery and achieve individual aspirations and dreams.



It aims to support and encourage recovery, build confidence, independence and personal and professional capacity for those who engage with the college. The courses are co-facilitated by two peer trainer/tutors with a mental health lived experience or a peer trainer/tutor and a mental health specialist.

In the past year, SWSRC delivered face-to-face and online services including 12 long courses (10 to 15 weeks), three short courses (three to four weeks), 21 workshops (two hours face-to-face or 90 minutes to two-hour webinars), 13 pop up workshops and six recovery oriented practice trainings.



In the first 12 months, 564 people were enrolled in a South Western Sydney Recovery College workshop or course

SWSRC introduced a Volunteer Peer Trainer 'stepped' program where people with a lived experience who attend the college's courses are provided with an opportunity to work towards becoming a casual peer trainer.

Students are able to become a volunteer for a period of three months, learning mental health content and presentation skills. They are then able to apply for a casual peer trainer position. While the college had always intended to introduce online learning options for students, the COVID-19 lockdown meant it had to respond quickly to bring forward the online delivery of courses.

Peer trainers were upskilled to modify course delivery for online learning. This meant students who had completed seven weeks of the Understanding Recovery course, for example, were able to complete the remaining three weeks online. New topics were also introduced as workshops via webinars to address mental health challenges related to COVID-19.

By embracing online learning, SWSRC was able to increase the accessibility of its education programs for students and deliver to all seven LGAs in our region at the one time.



Testimonials from service users

Mental health, alcohol & other drugs support

The best things about this service were:



I received the right service at the right time by the right person. I felt heard, connected and optimistic about my recovery. A wonderful counsellor with all the skills one reads about as being necessary for what people like me need



How the staff did not give up on me in my times of need. Absolutely, there was no judgement



I can see my nurse after hours when working part-time. The service is the best I have ever had and I have done a lot of therapy. Other things like the extra lengths she will go to to find answers or guide me to find my own way, always real and honest so when I need a challenge or support I get them. Really helps when she shares a personal experience that she thinks will help me and it always does



How welcoming all the staff are. Having somebody to talk to that genuinely seems to care about me and my future



headspace was a fantastic resource and helped me to overcome my issues and deal with life stresses. My counsellor was amazing, so honest and welcoming and provided great strategies and activities to help me understand the issues I had and how I could work with them from home not just in the sessions with her. I am deeply grateful for the help I received and thankful I had such a beautiful counsellor



I found the sessions helpful and they provided me with a great framework (plus information) to navigate out of a difficult time. I would definitely return to headspace when I settle back into classes and know what I need help with in continuing my studies





Tailored program around my very specific needs and issues. The support and advocacy received from my practitioner to align recovery plans with my fellow treating physicians. Speaking to someone who has an in-depth understanding of my conditions as someone with nursing experience



Feeling as though I was talking to a friend, only with the added bonuses of knowing how best to deal with the issues



The support I received and the interaction was very positive for my journey. My case manager is excellent and professional with experience which assists me in my journey to wellness. The important element in our time of consulting is the listening, patience, compassion, caring. It takes time and I need time. Thank you for this program



The respect, caring, and empathy my worker gave me. The way the worker understood me, but also the way things worked and the system



My clinician is kind, thoughtful and awesome and I like her company. She respects my wishes and referred me to a group where I feel welcome. I feel excited to see her



The ease of obtaining this service. The response to initial call was very prompt. Flexibility and frequency of consultation times. As 90 per cent of my consultations were during the COVID-19 pandemic, the availability of flexible methods of consultations ie Zoom or phone. The compassion of my counsellor



Honestly, FYRST Youthlink has been my lifeline through the most difficult time in my life. It is so good to know someone/people truly care and want the best for me. Thanks to you guys, it's happening quicker than I could myself

Low intensity mental health services

In 2019-20, SWSPHN commissioned two low intensity services, NewAccess and You in Mind – Low Intensity. Both services delivered Low Intensity Cognitive Behavioural Therapy (LiCBT) delivered by trained coaches, face-to-face or via phone or video – whichever the client prefers.

NewAccess

NewAccess, a service model developed and supported by Beyond Blue, has been commissioned in South Western Sydney since 2017. NewAccess was delivered by Bolton Clarke across the region up to 30 June 2020.

You in Mind – Low Intensity

In 2019-20 SWSPHN identified a need to further integrate low intensity mental health services into moderate and higher intensity services to provide seamless step-down referral options for clients.

This led to the expansion the You in Mind program, delivered by One Door Mental Health and Community Links Wellbeing, to include LiCBT. Each service provider employed a LiCBT coach to deliver the service in-house for clients who were assessed as being able to benefit from a lower intensity intervention.



Overall in 2019-20, a total of 2,109 low intensity services were delivered to 628 clients



SUPPORTING PRIMARY HEALTHCARE



207

GP drug & alcohol support hotline interactions



1,001

clients supported by Consultant Psychiatry Service



4,170

times PSOs engaged with general practice



1,878

GPs, nurses, practice staff attended CPD events & webinars

Supporting Primary Healthcare

Building the capacity of general practice and supporting health professionals to deliver efficient, high quality patient care is central to the work of South Western Sydney PHN.

Engaging clinicians and general practice staff through Practice Support, Health Systems Improvement and Clinical Support, under SWSPHN's Service Support banner, is key to ensuring all residents achieve better health outcomes.

We also support general practice by providing quality continuing professional development and commissioning services in mental health, alcohol and other drugs, diabetes and hepatitis C care that directly support GPs and practice nurses to deliver the best possible care.

We aim to keep general practice informed through our monthly Practice Pulse e-newsletters and we regularly seek feedback on our work by engaging local clinicians in the planning, development, implementation and evaluation of our services.

Clinical Support and Practice Nursing

SWSPHN is committed to supporting general practice nurses, GPs and practice staff who are increasingly playing a vital role in delivering continuity of care to patients and improving health outcomes.



In 2019-20, there were 1,073 GPs employed at 415 general practices, and 403 practice nurses employed at 209 of those practices across our region

SWSPHN's Clinical Support, including our Practice Nursing Program, aims to strengthen our general practice workforce to improve access to services and provide quality, evidence-based primary care to patients.

In 2019-20, our in-house training for GPs and practice staff included quality care planning, clinical software, recalls and reminders, cycles of care, immunisation, infection prevention and control and sterilisation.

Our Clinical Support team had 985 interactions with primary healthcare providers in the last financial year. This included 201 interactions with GPs (78 through in-house training), five remote support sessions, and telephone and email support. It also had 155 interactions with practice staff (43 through in-house training), three remote sessions, and telephone and email support.



Practice nurse support

Our Clinical Support team encourage ongoing improvement by delivering a wide range of support to practice nurses. This includes continuing professional development, education and training events, orientation and mentoring, telephone support and in-house visits and education in areas including MBS billing, clinical software training, chronic disease management, care planning, health assessments, immunisation and infection control/sterilisation.

In 2020, we are also offering the New to General Practice Nursing Program. The 12-month program aims to upskill new graduates, returning and transitioning nurses to ensure our practice nurse workforce is well prepared for the challenging and diverse role. It provides self-directed online access to education resources and in-house support and mentoring by our dedicated team. Course intake commenced in March with gradual roll out of modules.

Last financial year, SWSPHN held nine education training sessions with 196 different nurses. During COVID-19, education and training was mostly provided via webinar with an increased uptake by nurses on the previous year.

Total practice nurse attendance at events was 562. We also engaged with practice nurses 352 times with 102 different nurses through practice visits, telephone and email support. Education and training moved to remote support with 24 remote desk top sessions during COVID-19.



Primary care nurses do so much more than meets the eye

They care for, support and advocate on behalf of their patients. They assist patients to understand their current health conditions and how to manage them, and educate patients about disease prevention and health promotion. They are problem solvers. They connect patients with clinicians and services. Most importantly, they are there to listen.

These highly-skilled healthcare professionals enhance the multidisciplinary team care approach and allow GPs to spend more time caring for their patients. Practice nurses help improve outcomes in chronic disease, increase the range of services available at the practice, reduce waiting times, and improve public access and integration with the acute sector.

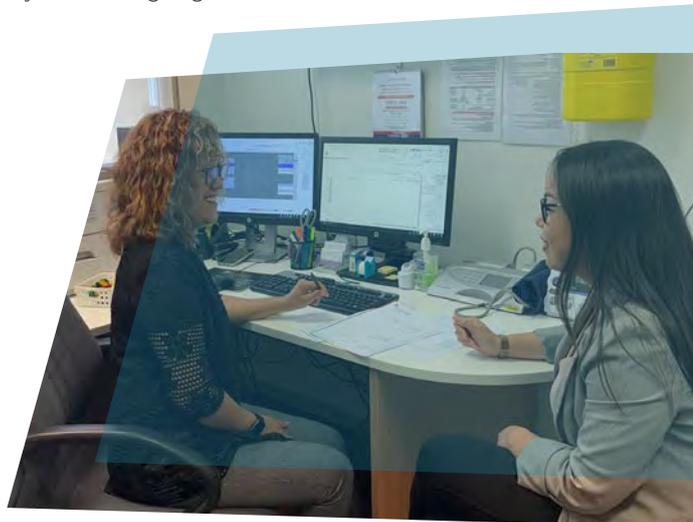


The World Health Assembly has designated 2020 the International Year of the Nurse and the Midwife to recognise and celebrate the vital role of nurses worldwide. SWSPHN's dedicated team of registered nurses have first-hand experience in general practice and are passionate about supporting practice nurses in our region.

New to General Practice Nursing Program

Following a successful pilot, SWSPHN rolled out the New to General Practice Nursing Program in 2020. The program aims to upskill the practice nurse workforce by providing access to continuing professional development events, and practical online education and resources.

SWSPHN's Clinical Support team of registered nurses also provide support and mentoring via phone, email and in-practice. The program has the official endorsement of the University of Wollongong.



South Western Sydney has 403 practice nurses working within our region in 209 general practices. Increasingly new graduate nurses are transitioning to general practice with little to no primary care preparedness at the undergraduate level or clinical experience. Those transitioning from acute care nursing in hospitals are often also unprepared for the unique role of practice nurses as patient carers, organisers, quality controllers and improvement agents, problem solvers, educators and agents of connectivity.

SWSPHN recognised this gap and looked for ways we could prepare nurses for general practice. The New to General Practice Nursing Program captures and nurtures the different knowledge and skills a practice nurse requires and will ultimately lead to improved patient wellbeing through prevention, early intervention and self-management of chronic conditions, and a reduced burden on acute care.

The pilot of the program was completed in January 2020 with seven new nursing graduates completing the 12-month period. Roll-out of the program began in March 2020. Five graduate nurses are currently participating in the program.

Uptake has been impacted by COVID-19 with nurses reporting reduced hours, changing focus of their role and increased workload which impacted ability to enrol and commit to the program.

The program currently covers seven learning modules which include immunisation, cold chain/vaccine management; infection prevention and control/sterilisation; chronic disease management; registers, reminders and recalls; preventive health screening and assessment; and clinical activities – spirometry, ECG, wound management, triage, procedures and advanced skills.

Enhancements were made to the program based on the evaluation of the pilot. The addition of the HealthChat interactive page allows for discussion forums and improved ability to access modules, resources and one-click submission of assessments.

Continuing Professional Development

2020 has been a year of transition for SWSPHN's Continuing Professional Development (CPD) program due to a shift in delivery necessitated by the COVID-19 pandemic.

Our CPD program facilitates education that supports general practice as the cornerstone of primary care and builds the capacity of all general practice staff to ensure patients receive the best possible care through an effective and efficient local primary healthcare system.

As part of our education program, we delivered a total of 63 events across all LGAs, including one one-day conference – *Women's Health: Preventing Harm, Promoting Health* in 2019-20. A second one-day event, a Paediatric Conference: *The first two thousand days of a child's life*, planned for 29 March 2020 was postponed until 2021 due to COVID-19 restrictions.

We held 52 face-to-face education sessions between 2 July 2019 and 12 March 2020 and quickly shifted to online webinars between 18 March and 30 June to meet social distancing requirements.



We held 11 webinars via Zoom during this period on topics including updates on influenza and coronavirus; infection control at work and at home; and supporting patients' mental health during COVID-19.



The online education was well attended and received with many participants saying they liked the new mode of delivery better as it enabled them to access the meetings more easily and provided flexibility

At webinars we had an overall attendance 1088 – 267 GPs, 562 practice nurses and 259 practice staff including practice managers and receptionists. Unique attendance was 492, including 146 GPs, 196 practice nurses and 150 practice staff, practice managers and receptionists.

Our overall attendance at CPD events in 2019-20, including face-to-face meetings and webinars, was 1,878, including 1,057 GPs, 562 practice nurses and 259 practice staff including practice managers and receptionists. Unique attendance was 769, with 423 GPs, 196 practice nurses and 150 practice staff including practice managers and receptionists.

In 2019-20, we also established the HealthChat Education Group for GPs, practice nurses and practice managers to provide advice on the best ongoing education approach for SWSPHN's program areas.



Women's Health Conference

Last year's Women's Health Conference – *Preventing Harm, Promoting Health* – was a great success, attracting 155 participants including 120 GPs and 35 practice nurses from across South Western Sydney.



The conference, at The Holiday Inn, Warwick Farm on Sunday, 3 November, included guest speakers on a variety of topics, and included plenary and breakout sessions. It gave our region's primary healthcare providers the opportunity to learn about a range of topics including weight management; breast cancer screening and treatment; abuse and violence; and palliative care, focusing on early intervention for enhancing quality of life in patients with a life-limiting illness.

Mental Health Skills training



In 2019-20, SWSPHN via the Black Dog Institute trained 36 GPs in Mental Health Skills (Mental Health Level 1 training)

The training builds capacity of GPs to complete a Mental Health Treatment Plan and allows them to bill a higher Medicare Item Number.

Practice Support

Our team of Practice Support Officers (PSOs) continued to build the capacity of all general practice staff and ensure the delivery of high-quality care in 2019-20 by working closely with our region's GPs, practice nurses and practice managers.

In the last financial year the team proactively engaged practices with programs including: Clinical Audit Tools (PenCAT and POLAR) use in Quality Improvement; Quality Improvement in Primary Care (QIPC); My Health Record; iRAD; and Accreditation 5th edition.

Practice support is tailored to meet the individual needs of practices and is provided through practice visits, over the phone and via email. In the last financial year, our team recorded 4,170 interactions with general practices, which is based on interactions with 1,067 GPs, practice nurses, practice staff and practice managers collectively.

Focusing on improvement

The team has a strong focus on accreditation which supports improvements in general practice through better internal processes, continuous staff development and enhanced quality care for patients.



In 2019-20, our PSOs trained practices in the use of PenCat and POLAR to identify input data which needs improvement, allowing the practice to participate in the QIPC program and to qualify for the Practice Incentives Program Quality Improvement (PIPQI). As a part of the QIPC program, each quarter our PSOs assist practices to identify areas needing improvement by providing a report on their data and assisting them to create a Model for Improvement. The end goal is an improvement in patient data.

These quality improvement tasks assist general practice in meeting the new Accreditation 5th Edition Standards for General Practice.

There are currently 242 accredited practices and 31 practices registered for accreditation in South Western Sydney. In addition to this we are working with 228 practices to improve patient data. There are also 346 general practices registered to share patient data via My Health Record. All other SWSPHN programs within general practice are also focused on accreditation.

Once a practice registers for accreditation or re-accreditation, PSOs will assist practice staff develop a 12-month plan with monthly goal-setting. Throughout the 12 months, PSOs guide and support the practice staff to ensure the practice can successfully achieve general practice accreditation.

At SWSPHN, the Practice Support team work closely with our Health Systems Improvement, Clinical Support and Digital Health teams to ensure the support provided to general practice is coordinated and comprehensive and improves patient care.

Digital Health

SWSPHN's Digital Health team had a busy year with some impressive results. Our Digital Health team supports improvements in the efficiency, effectiveness and quality of local health services by providing digital health education and supports to, and fostering collaboration between, the local health district, primary care health professionals and practices in the region.

In 2019-20, we provided support for GPs, practice nurses, pharmacists, allied health and specialists. As of February this year, no clinics in South Western Sydney had been setup for Healthdirect Video Call. COVID-19 changed all that.

Our Digital Health team received requests from 37 clinics asking to be set up in March, with 70 practices having been set up by 30 June. Between March and June there were 618 telehealth consultations for 312.03 hours in South Western Sydney.



In 2019-20, SWSPHN expanded our innovative iRAD project to an additional 31 sites

We hosted three training sessions for our Practice Support Officers to enable them to train practices, four iRAD webinars for GPs, practice managers and practice nurses, and multiple webinars for other external stakeholders. This financial year we undertook the My Health Record Specialists Project in partnership with the Australian Digital Health Agency (ADHA), with great success.

We identified 423 specialist organisations for potential connection to My Health Record, contacted 97 per cent of specialists, collected and submitted 71 per cent of specialists' software data to the ADHA and registered 25 specialist organisations all within five months. In 2019-20, 62 additional providers had Secure Messaging software installed across the region, bringing the total number to 470 providers, including 325 general practices, 133 specialists, 11 allied health services and one pharmacy.

Lumos Project

LUMOS is a new partnership between NSW Ministry of Health and SWSPHN assisting practices to gain a stronger understanding of their patients' journey across the health system. It is an ethically approved program which securely links encoded data from general practices to other health data in NSW including hospital, emergency department, mortality and others.

Practices participating in Lumos receive detailed reports issued every six months showing how their patients use services in other parts of the health system. As of 30 June 2020, 33 practices across South Western Sydney were participating in the program.



Quality Improvement in Primary Care (QIPC)

SWSPHN's Quality Improvement in Primary Care (QIPC) program has continued to grow in 2019-20.



Currently there are 232 practices from the 424 practices in South Western Sydney participating in the program

The three aims of the QIPC program are: improving data quality; utilising practice data to improve patient care; and identifying potential business revenue for the practice. A key component of the program is the collection of a practice's de-identified dataset which is then used to create both a benchmark report and clinical area of focus reports for our practices.

We currently produce clinical area of focus reports on diabetes, chronic kidney disease, cardiovascular disease, COPD, asthma, depression, anxiety, bipolar and schizophrenia.



Now in its third year, the QIPC program comprises of three tiers that indicate the practice's level of engagement in quality improvement – as engagement increases, practices move into higher tiers and receive different reports.

From the 232 QIPC participating practices – four practices are participating in Tier 1 (data sharing only), 168 in Tier 2 (data quality) and 60 in Tier 3 (clinical focus). QIPC reports are created monthly and delivered quarterly to all participating practices.

The practice will use this report to identify an area they would like to work on and SWSPHN records this on a model for improvement (MFI) template. This MFI is then reviewed the following visit to track the practice's progress and to re-identify a new focus area to target for the following quarter. In this last financial year there have been 806 models for improvement created with 606 models for improvement reviewed.

PIPQI

During the last year, the QIPC program was also preparing for the introduction of the Practice Incentive Payment Quality Improvement (PIPQI) on 1 August 2019. A requirement of the new PIP is that practices must participate in a quality improvement program with their local PHN and upload their 10 PIPQI improvement measures to their local PHN. QIPC was a perfect fit.

From the 232 QIPC practices, 228 have registered and are currently participating in the PIPQI. From these, 226 practices signed a new Data Sharing and License Agreement to align with the PIPQI requirements. The remaining two practices have recently changed owners and will need to re-sign the Data Sharing and License Agreement.

Transition from Pen CS to POLAR GP

In 2019-20, SWSPHN supported the transition from using PENCs to the POLAR clinical audit tool. Practices made the switch on 1 July 2020.

This new tool aims to better support practices in understanding their patient cohort. It will provide meaningful analysis to identify gaps in patient care, track patient outcomes, build on areas of quality improvement and identify opportunities to improve practice revenue. This data tool is also used to help practices qualify for the PIPQI incentive.

Some of the key benefits of the POLAR GP tool are: one install per practice; remote access to the tool; user friendliness; live data; advanced data mapping; advanced filter options; regular PIPQI reports for each practice; and new reports coming on board including a COVID-19 report. Currently, 226 general practices have signed the new Data Sharing and License Agreement (required before the POLAR GP tool can be installed) with POLAR installed at 208 practice sites. SWSPHN will be working with Outcome Health to install POLAR at the remaining practices.

Consultant Psychiatry

SWSPHN's Consultant Psychiatry Service provides free access to psychiatrists for people living with severe and persistent mental illness. The service can also be utilised alongside the You in Mind and Credentialed Mental Health Nurse Service where the client is eligible.



A key component of the service is GP capacity building, to build the confidence and skills of GPs in the region to better support people living with a severe mental illness. The Consultant Psychiatry Service is delivered by Dokotela and offers flexible, blended options – face-to-face at selected hubs and telehealth available at any general practice in the region.

In 2019-20, a case manager was employed to support consumers during their appointment, with the added benefit of the GP being able to claim Case Conferencing MBS items to compensate them for their participation in the appointment. Other opportunities for collegial support between GPs and the psychiatrists include a WhatsApp support group and group-based case conferencing with multiple GPs.

In 2019-20, SWSPHN funded Consultant Psychiatry Services for 1,101 clients across 2,223 session hours – 1,444 via telehealth and 779 face-to-face. Please note, these figures do not include sessions co-funded through Medicare. Most sessions were delivered in Campbelltown, followed by Wollondilly, Fairfield and Liverpool.

General practice drug and alcohol advice and support service

A telephone hotline co-funded by SWSPHN and SWSLHD and delivered by Drug Health Services, provides GPs in South Western Sydney with support in caring for patients with alcohol and other drug concerns and associated comorbidities.

The service gives GPs direct access to local consultant drug health clinicians who advise on care management plans and appropriate referral pathways for complex or general concerns, with case conferencing also available.



Between July 2019 and March 2020, the service recorded 207 hotline interactions, including supporting 33 new GPs across the region

A total of 76 Care Management Plans were developed and the drug health clinicians held 146 case conferences.

Aus-CDEP

In 2019-20, SWSPHN supported the management of diabetes in primary care by continuing to make Aus-CDEP tokens (Cambridge Diabetes Education Program – Australia) available in South Western Sydney.

Aus-CDEP is an online diabetes education program covering the fundamental topics for managing diabetes in general practice. It is free to GPs and nurses in our region and supports health professionals to assess and demonstrate their 'knowledge' and 'know how' in diabetes management.

This financial year, we had almost 900 Aus-CDEP tokens (or access codes providing access to the program) available to primary care in our region. Our primary health carers used 19 of the available tokens to complete 50 different Aus-CDEP topics.



Hepatitis C Clinical Nurse Consultant

In 2019-20, SWSPHN continued its partnership with the South Western Sydney Local Health District (SWSLHD) to co-fund a Hepatitis C Clinical Nurse Consultant (CNC). The CNC has been providing support in the screening, management and treatment of hepatitis C by GPs in our region since 2018.

Hepatitis C is a significant health concern in South Western Sydney, with Public Health Unit notifications in our region reporting between 300 and 400 cases of hepatitis C each year and up to 3,470 new cases being reported across NSW.

The hepatitis C CNC provides expert advice on viral hepatitis, clinical assessment, triage and management to GPs who have patients with, and those at risk of, hepatitis C. The CNC identifies monitoring and management requirements, assists practice staff to develop hepatitis management plans and facilitates education in viral hepatitis for primary care staff.



Its priorities include people who inject drugs, Aboriginal and Torres Strait Islander communities and people from culturally and linguistically diverse backgrounds.

Between July 2019 and March 2020, 21 unique patients were supported by the CNC, 178 GPs or general practices were contacted for support, 57 unique GPs were supported – with the top three locations being Fairfield, Liverpool and Campbelltown. During the same period 17 unique practice nurses were supported. A total of 207 people were screened for hepatitis C.

HealthPathways

HealthPathways South Western Sydney localised 49 pathways in 2019-2020, bringing the total number of localised pathways to 540. During the 2019-2020 financial year, HealthPathways also completed 125 reviews and 176 pathway updates.

SWSPHN has partnered with the South Western Sydney Local Health District (SWSLHD) since 2015 to develop localised health pathways for clinicians across the region. During COVID-19, HealthPathways South Western Sydney became the lead region for the state for the pathway COVID-19 Impact on Clinical Care.



Utilisation of the HealthPathways website has continued to increase year-on-year by 50 per cent, totalling 3,530 users, 25,297 site sessions and 86,129 pageviews

This increase is above trend and is attributed to GPs utilising HealthPathways as a source of truth for COVID-19 related information.

HealthPathways South Western Sydney is a key integration strategy designed to support the SWSPHN and SWSLHD shared vision of enabling clinicians to provide high quality and safe patient care in partnership, ensuring the right care is delivered at the right place, in the right time, by the right person.

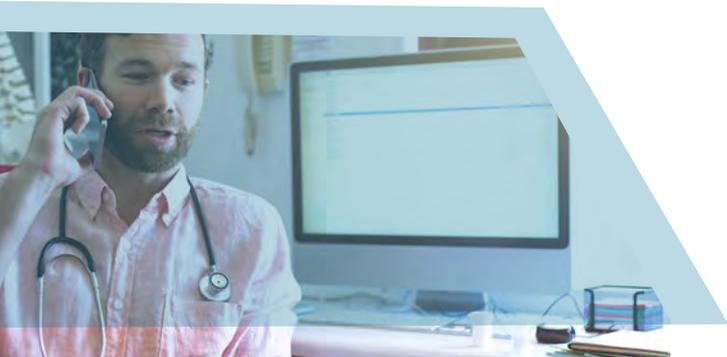


It is an online clinical and health service information portal written for a general practice audience. The program brings together local GPs and hospital specialists to discuss how to better coordinate care for patients with specific health conditions, and how to access local health services.

The website provides a platform to improve coordinated care within our region and consequently a positive impact on the cost of health delivery.

rsGP

HealthPathways launched a new initiative at the beginning of 2020 called rsGP. This program aims to facilitate GP representation in SWSLHD workgroups and redesign projects. Since its inception, five GPs have signed up to the program and three projects within SWSLHD have requested GPs to participate in their projects.



Strengthening communications with general practice

SWSPHN's Communications team stepped up our delivery of information to general practices in early 2020 in response to the dual disasters of bushfire and COVID-19.



We released a special edition bushfire e-newsletter in January 2020, and from March 2020 added a weekly COVID-19 update e-newsletter to the Practice Pulse e-newsletter

This e-newsletter is distributed to GPs, practice nurses and practice managers on the first Wednesday of each month. Our e-newsletters are among a variety of ways our Communications team supports general practice and ensures our primary healthcare workforce is kept up-to-date with practical and timely information.

Practice Pulse provides relevant health information and alerts, new online resources, learning opportunities including webinars, SWSPHN activities, events and resources, and our commissioned services. The e-newsletter includes a profile of a local GP each month, giving primary healthcare providers an opportunity to learn about and from their colleagues across region, and an update on our HealthPathways resources.

In 2020 we also developed Under the Microscope, a section of the newsletter which provides an in-depth look at one of SWSPHN's projects each month. QIPC Pulse, another e-newsletter, is also distributed quarterly to update general practices participating in our Quality Improvement in Primary Care program.

In addition to our e-newsletters, SWSPHN's Communications team engages with general practice through direct mail-outs as needed and provides information relevant to general practice about upcoming webinars, learning opportunities, workshops and urgent health information through our Facebook, Twitter and Linked In platforms.

Our SWSPHN corporate website, also managed by our Communications team, provides a wealth of important information for health professionals about the support we provide general practice, our commissioned services and local resources relevant to our regional priorities and campaigns.



eMental Health Toolkit

In 2019-20 we developed a new toolkit to support health professionals in recommending eMental Health tools to patients as an adjunct to face-to-face psychological therapies. Evidence shows that eMental Health tools and resources can effectively complement face-to-face services.

There are a number of benefits to using eMental Health tools, including improving access to early intervention. Our eMental Health Toolkit identifies suitable eMental Health tools in line with our Mental Health Stepped Care model.

The eMental Health Toolkit includes phone and web-based apps for people with emerging or low mental health needs, existing or medium mental health needs and severe mental illness. It provides tools for suicide prevention and aftercare. The toolkit also includes training resources and case studies for GPs.

ENHANCED INTEGRATION IN PRIMARY HEALTH



2,124

new referrals
(alcohol &
other drugs)



290

complex
diabetes clients
supported via
case
conferencing



17%

mothers
received
antenatal care
from GPs



19,549

care
coordination &
supplementary
services
provided

Enhanced Integration in Health

To realise an integrated health system that is truly patient-centred, we work with our key partners to align health systems and organisational cultures, reduce service gaps and duplication, and engage health providers to create seamless, coordinated care.

To overcome the sometimes fragmented health system we must embrace ambitious integration to improve the health of our community.

South Western Sydney Integrated Care Collaborative

The past year has been one of review and renewal for the South Western Sydney Integrated Care Collaborative as we worked to develop our new strategy and finalise our action plan, ensuring health integration is a key local priority well into the future.

The South Western Sydney Integrated Care Collaborative (SWSICC) was initially established as a collaborative committee between the Local Health District and the PHN in 2013. As it has grown in momentum, it has also grown in membership and now includes a number of key stakeholders including universities, local councils and community representatives.

The SWSICC has been responsible for the development and oversight of a number of key integrated care strategies including the implementation of HealthPathways, the development of My Care Partners, Myhealth Medical Centre Oran Park and the Fairfield and Wollondilly Health Alliances.

In November 2019 a workshop was held with the committee and other key stakeholders to consider the future focus of the SWSICC. In the lead-up to the workshop, it became increasingly clear that many integrated care activities and programs were running across the region without the input or oversight of the SWSICC. The key outcome of the workshop was an agreement to shift the focus from project-based activities to integrating care more broadly across the region.

Over the following months the committee agreed on a new vision, mission and strategy to guide the SWSICC moving forward. A program logic approach was used to develop an associated action plan to address the pillars of the strategy. In 2020-2021 the SWSICC will review the membership and begin work on the action plan.



The SWSICC's vision is for a naturally joined-up health system that delivers the outcomes that matter most to people in South Western Sydney

The collaborative will achieve this by inspiring leaders to build a culture and practical capacity to deliver integrated, patient-centred services that will measurably improve the health and wellbeing outcomes of people living in South Western Sydney. During the next 12 months and beyond, the SWSICC will focus on the strategic pillars of leadership, culture and capacity, information and digital enablement and prioritising at-risk populations.



Integrated Diabetes Project

SWSPHN and South Western Sydney Local Health District's (SWSLHD) partnership to support the 60,000 to 80,000 residents of our region living with diabetes continued in 2019-20.

Following on from the joint development of the Integrated Diabetes Plan for the region in 2018-19, the Integrated Diabetes Project delivered endocrinology case conferencing services to GPs, with a planned expansion to include a hotline for specialist advice and GP clinical reference groups.



During 2019 more than 290 complex diabetes clients care were supported through case conferencing

Community education is a key component of the Integrated Diabetes Project with 14 sessions delivered across the region. The promotion of the diabetes education program to health professionals, Aus-CDEP, continued and topics such as pre-conception care and promoting self-care amongst the most popular topics.



After Hours medical care

After Hours medical care is available across our region for urgent injuries or illnesses which are non-life threatening:

- before 8am or after 6pm on weekdays,
- before 8am or after 12pm on Saturdays, and
- all day on Sundays and public holidays.

An innovative new after hours medical care service was launched in September 2020 following community feedback. Input from key stakeholders was provided through a survey, with focus groups held in the second half of last year. We sought to identify how we can best cater to our community's after hours care needs now and into the future given.

SWSPHN has funded My Emergency Doctor to provide medical care after hours at no cost via phone or video to people who aren't sure if they need to go to the hospital emergency department.



The service complements existing care provided by the patient's regular GP and provides patients with immediate, convenient access to emergency specialist doctors for diagnosis and treatment of urgent, non-emergency medical conditions. The service is provided across all seven local government areas: Campbelltown, Liverpool, Fairfield, Bankstown, Southern Highlands, Camden and Wollondilly.

SWSPHN also commissions Sydney Medical Service (SMS) to provide home visits for residents of Camden and Wollondilly LGAs. SMS also service Campbelltown, Liverpool, Fairfield and Bankstown LGAs. Hours are Monday to Friday from 6pm to 11pm, Saturdays from 12pm to 11pm and Sundays and public holidays from 10am to 11pm.

Wingecarribee residents have access to the SWSPHN-commissioned Southern Highlands GP After Hours Service. The Southern Highlands provides a face-to-face clinic at Bowral on Saturday from 3pm to 5pm, Sundays and public holidays from 9am to 12pm and 3pm to 5pm; and a telephone answering service, Mondays to Fridays from 5.30pm to 8am, Saturdays from 12pm to 8am and Sundays and public holidays from 8am to 8am.

Aboriginal health – a key priority

SWSPHN is working with our community to close the gap between Aboriginal and non-Aboriginal Australian's life expectancy. We strive to do this by improving access to culturally sensitive primary care services and support for Aboriginal and Torres Strait Islander peoples. In 2019-2020 our Integrated Health team undertook a number of approaches to improve Aboriginal health and strengthen partnerships.

Partnering with Tharawal

SWSPHN continued to partner with Tharawal Aboriginal Medical Service (AMS) to deliver mental health, drug and alcohol and social and emotional wellbeing services tailored to the needs of our Aboriginal and Torres Strait Islander community.

The service has gone from strength to strength and is an example of the importance of Aboriginal and Torres Strait Islander leadership in the design and delivery of services for the community.



Partnering with Gandangara Local Aboriginal Land Council and Health Services

SWSPHN partnered with Gandangara Local Aboriginal Land Council to collaborate and redesign the RACGP-approved Cultural Awareness Training for general practice staff to assist in creating communities of culture; impart cultural and historical knowledge; and provide an opportunity to mentor mainstream practice staff.

SWSPHN also partnered with Gandangara Health Service to increase cancer screening awareness amongst Aboriginal and Torres Strait Islander peoples in South Western Sydney.

Health staff worked alongside local Elders to increase knowledge and awareness of the benefits of screening, early detection and treatment, and reduce hesitancy in cancer screening. The program has delivered key outcomes such as an increase in breast screening within the local community.

Improving access to mainstream primary care services

Cultural Awareness Training was re-designed in 2019-2020, fostering communities of culture.



We delivered two face-to-face cultural awareness training events to 76 general practice staff

This aims to improve health of Aboriginal and Torres Strait Islander peoples by enhancing the cultural awareness of GPs, nurses, practice staff, medical students, and other healthcare providers. The training provides the platform for general practice staff to extend their knowledge about Aboriginal and Torres Strait Islander history and culture, explore how attitudes and values can influence perceptions, assumptions and behaviours in a clinical setting, and discuss key ways the practice team can be more culturally sensitive.

It is designed to assist those in the healthcare space to be culturally respectful and sensitive to the history and trauma experienced by many of our community members, providing a safe space, and reducing barriers to accessing services by mainstream providers.

The Indigenous Chronic Disease Package was also promoted both face-to-face (75 practices) and electronically in more than 75 mainstream general practices, with more than 250 staff participating.

Aboriginal Health Assessment (MBS 715)

Promotion of the uptake of the MBS 715 continues to be a major focus for SWSPHN.

Activities included promotion to general practices, community, the NSW PHN Aboriginal Health Network and the ACI Aboriginal Chronic Conditions Network – raising the awareness of the importance of the 715 Health Assessment – sharing resources and projects.

Indigenous Eye Health

The Visiting Optometrist Scheme (VOS) for the Wingecarribee Shire was well utilised through the ophthalmology surgical pathway between the VOS optometrist in Campbelltown, Miller and Bowral this financial year.

This service is a collaborative effort between SWSLHD and Tharawal AMS, and is supported by SWSPHN.

These services mean our Aboriginal and Torres Strait Islander peoples have improved access to eye health services with minimal wait times.

SWSPHN continued to participate in the Indigenous Eye Health State Advisory Group which allows us to have greater input at regional meetings in identifying service gaps, codesigning local services and simplifying the process for feedback to the State Advisory Group.

Clontarf project – Youth and Adolescent Health Promotion Awareness project

The Clontarf Foundation exists to improve the education, discipline, self-esteem and employment prospects of young Aboriginal and Torres Strait Islander men and equips them to participate more meaningfully in society.

The project aims to identify and promote youth services within Macarthur, introduce participants to Tharawal AMS and its suite of services, and improve knowledge to empower youth to make better decisions, challenge health behaviours and define risky behaviours.

It takes a collaborative approach with key stakeholders including SWSPHN, the Clontarf Foundation, Tharawal AMS and other partners: the SWSLHD – Health Promotion Aboriginal Health Education Officer, Aboriginal Smoking Program; Youth Solutions; headspace/One Door Mental Health; Big Yellow Umbrella; and Tharawal staff such as the CEO, clinic manager, GPs, nurses and Aboriginal health workers.

Cancer screening awareness activities

Cancer screening participation rates in South Western Sydney are lower than the NSW average for breast, bowel and cervical cancers, and in particular within our Aboriginal and Torres Strait Islander populations.

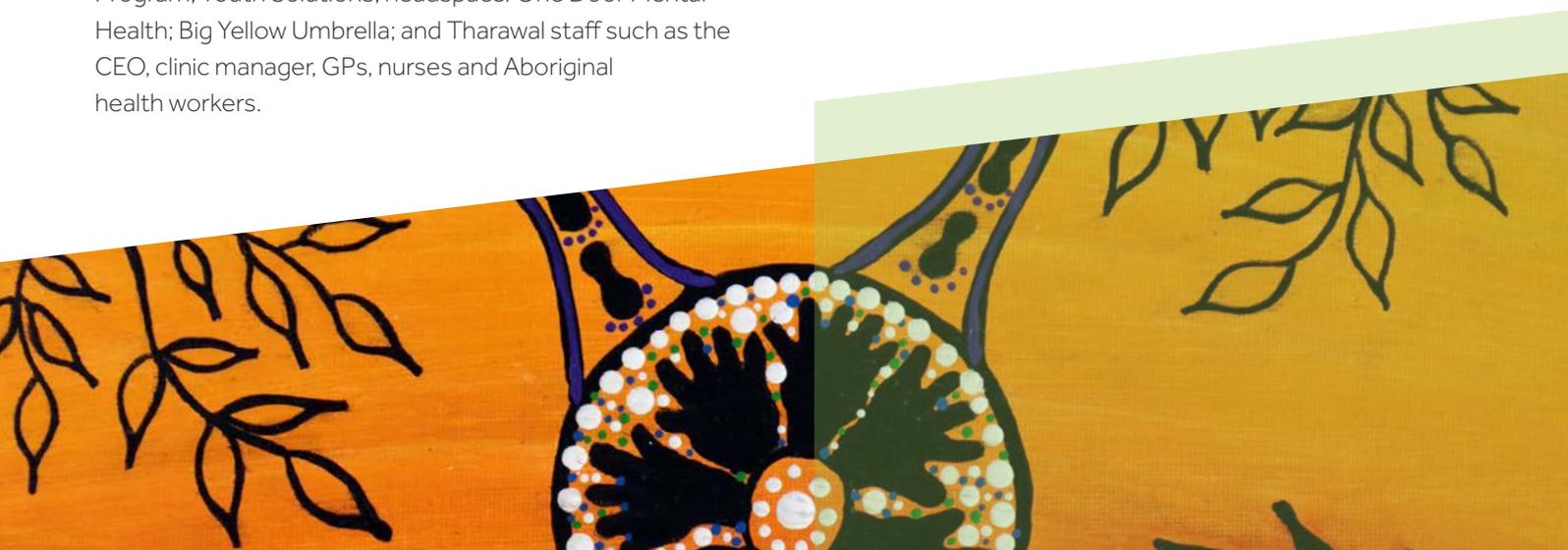
This financial year our focus has been on community engagement and the promotion of the importance of screening.



Health staff worked alongside Elders to increase knowledge and awareness of the benefits of screening, early detection and treatment, and reduce hesitancy in cancer screening

The SWS Aboriginal Women's Health Screening Committee was established with membership including: SWSPHN, the Cancer Institute of NSW, SWSLHD Aboriginal Health Unit teams, Gandangara Health Services, Liverpool City Council and other NGOs. Other activities included: promotion of the NSW Breast Screen van locations; representation on the Cancer Institute of NSW/ PHN Cancer Screening Network; and the National Cancer Screening Register.

SWSPHN also partnered with Gandangara Health Service to increase cancer screening awareness amongst Aboriginal and Torres Strait Islander peoples in South Western Sydney.



Integrated Team Care Program

The Integrated Team Care Program aims to support Aboriginal and Torres Strait Islander residents who have complex chronic conditions. The program is funded by SWSPHN and delivered by SWSLHD's Aboriginal Chronic Care team.

Through the program, the LHD provides continued support to clients across all seven local government areas in our region and maintains established linkages with acute and primary care. This includes Tharawal AMS, Gandangara Health Services and mainstream primary care providers. The established referral pathways between primary and acute services ensures clients can access care in a timely manner and receive ongoing care coordination.

In 2019-20 the program had 1,620 clients – including 628 new clients – receiving 19,549 care coordination and supplementary services.

GP Antenatal Shared Care

Seventeen per cent of expectant mothers across South Western Sydney chose antenatal care from GPs registered with the GP Antenatal Shared Care in 2019-20.

The Antenatal Shared Care program is a collaboration between SWSPHN and the South Western Sydney Local Health District and is available to women who are likely to have an uncomplicated or low risk pregnancy.

Care is provided collaboratively by the hospital-based service and the GP and is designed to provide women with continuity of care with their GP throughout their pregnancy and afterwards. This financial year, 324 GPs across South Western Sydney provided Antenatal Shared Care.

In 2019-20, SWSPHN initiated a partnership with Mackenzie's Mission, a federally funded program to provide prenatal genetic screening to couples.

We also began a quarterly newsletter for ANSC GPs, called *The Baby Monitor*. This newsletter collates all updates occurring within the ANSC program as well as other useful articles and case studies to assist GPs provide quality antenatal care.

New mum praises GP shared care service

Comfort, convenience and continuity of care are among the benefits of the GP Antenatal Shared Care Program, says new mum, Rosemeadow's Heidi Bailey.

Mrs Bailey, who gave birth to her first child, Georgia, on March 24 last year, is encouraging other mums-to-be to consider using the service after her positive experience.



"I really trust my doctors, Dr Tang and Dr Joyce at the same surgery – they've been my doctors for as long as I can remember and I felt really comfortable going there"

- Heidi Bailey, new mother participating in GNSC program

"It just made sense to me to have the same doctor the whole time, and GPs do the same checks as the midwives." Mrs Bailey said the flexibility of the care her GP offered was amazing.

"The doctors I see work Saturdays," she said. "I was working Monday to Friday, 9am to 5pm, and my husband is a journalist so he works all sorts of crazy shifts and Saturday morning is pretty much the only time he doesn't have to work. A Saturday morning appointment made it a lot easier."



Drug and alcohol treatment and support services

SWSPHN commissions a range of drug and alcohol treatment services based on the needs of our community. We work with the alcohol and other drugs (AOD) sector, GPs and community to co-design new services that build on existing local services, and work with existing providers to tailor services to meet the unique needs of our region.

COVID-19 changes to treatment services

All service providers ceased face-to-face treatment and implemented working remotely and utilising telephone and video conferencing to provide treatment services and continuity of care in response to the COVID-19 pandemic.



SWSPHN developed a contingency summary plan so that all non-government organisations (NGOs) could work together to ensure the best support for their clients

While there were reports of difficulties for some clients who do not have access to mobile phones or the internet, an overwhelming number of services expressed positive outcomes including working with youth who are more engaged in technology and improved access for clients who find it difficult to leave their homes for treatment.

In 2019-20, SWSPHN began funding the following:

Youthlink Aboriginal Program

Youthlink Aboriginal Program delivered by the Salvation Army provides clinical therapy combined with care coordination and aims to improve service delivery responses and treatment outcomes for Aboriginal young people between 12 and 25 years who are experiencing comorbid AOD and mental health concerns. The service was established in December 2019 and had received 63 referrals, opened 33 cases and has had 300 occasions of service as of 30 June 2020.

Workforce Capacity Building (TAFE, Tharawal and Gandangara)

TAFE, Tharawal Aboriginal Corporation and Gandangara Health Service's Workforce Capacity Building project aims to expand the region's Aboriginal and Torres Strait Islander primary health workforce and build the capacity of the existing primary health workforce to deliver integrated AOD and mental health treatment services.

NADA AOD guidelines

SWSPHN worked with NADA to develop cultural competency guidelines. The aim of this project is to optimise the experiences of the Aboriginal and Torres Strait Islander clients at non-Aboriginal non-government AOD services in NSW by standardising and enhancing cultural competence of these services. The project was implemented at 15 non-Aboriginal non-government AOD services in regional and urban NSW.



In 2019-20, we continued to support:

Community-based treatment services

Odyssey House provides community group-based detox in Campbelltown, Fairfield and Wingecarribee for clients entering detox as well as for clients undertaking post residential detox. In 2019-20, the service received 1,223 new referrals and 915 treatment episodes were commenced.

Before and aftercare services

St Vincent De Paul Society provides before and aftercare drug health services. Before care is a stepped care approach in preparation for six-week, non-residential rehabilitation. Aftercare includes individual plans developed for clients who have successfully completed a rehabilitation program. The service is provided at Campbelltown, Liverpool, Fairfield and mobile services were available and received 137 new referrals to before care and aftercare services. In this period, 245 new care episodes commenced.

Complex support needs - Rendu House

St Vincent de Paul Society provides the Rendu House 12-week non-residential complex support needs day program for co-occurring drug and alcohol and mental health patients. Its three stages include entry, core program and transition stages.



The service, provided at Campbelltown, with outreach services at various locations, received 43 new referrals, with 126 total episodes commencing in 2019-20

Psychological counselling and support

The Salvation Army provides Headfirst, psychosocial counselling and support for 12-to-25 year olds, in collaboration with headspace. Treatment includes assessment, three hours of care coordination, intervention and education sessions (up to 12 sessions over a three to nine-month period) at headspace centres at Bankstown, Campbelltown and Liverpool.

Follow-on Youth Recovery

The Salvation Army provides FYRST (Follow on Youth Recovery Support Team), an aftercare, outreach support service for 12-to-25 year olds. The service provides care and recovery coordination for transitioning to a positive and healthy lifestyle with informal counselling and education workshops, delivered at Liverpool and Fairfield. Both Salvation Army services combined received 491 new referrals and 316 treatment episodes were commenced.

Bilingual drug and alcohol counselling

DAMEC provided AOD counselling and psychology services for CALD communities (Vietnamese, Arabic and Chinese), care management plans, exit from treatment including referrals to other services, and professional development training. The services were provided at Liverpool, Fairfield, Bankstown and Campbelltown. DAMEC received 421 referrals and 213 treatment episodes were commenced.

Aboriginal Social Emotional and Wellbeing treatment service

Tharawal Aboriginal Corporation provided mental health and drug and alcohol treatment services for Aboriginal and Torres Strait Islander people who don't access mainstream services. The team takes a holistic, social and emotional wellbeing approach.

Activities include assessment; treatment plan; brief intervention; withdrawal management; therapeutic services and after care services at Tharawal, GP practices, the client's home and other agency sites.

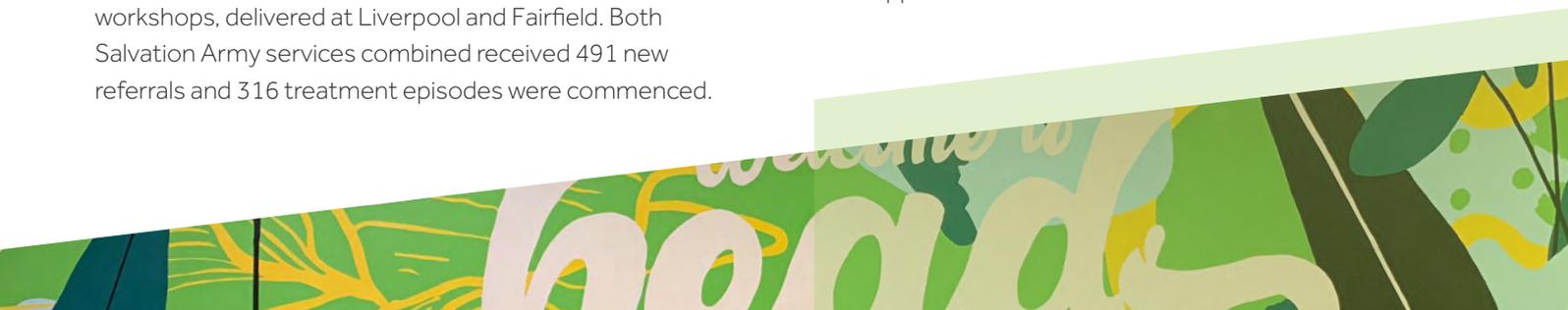
Our plans for the future include:

GP Education Project

The purpose of the GP Education Project is to support the promotion and uptake of the two GP training packages provided by SWSPHN, ACCRM and RACGP, as well as other activities to support linkages between the primary care and AOD treatment sectors.

Remote, rural and regional drug and alcohol funding

SWSPHN has received funding to address gaps in the AOD workforce by providing additional specialist services to remote, rural and regional areas of need through the increase of staff. The funding can also be used for the delivery of two-day specialist outreach services in locations which do not currently have access to drug and alcohol services and who experience high demand for treatment and support.



INNOVATION IN PRIMARY HEALTH



2

staff members
contributed to
peer-reviewed
journal



140

patients were
screened for
gambling harm



24/7

access to
patient medical
records via
iRAD



28

practices
joined the
iRAD program
this year

Innovation in Primary Health

Innovation is vital to ensuring SWSPHN achieves its key objectives of increasing the efficiency and effectiveness of health services in our region, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time.

Gambling Harm Screening and Referral Project

In NSW, 7.2 per cent of people who gamble are considered to be a moderate-risk or problem gambler according to the Problem Gambling Severity Index (PGSI). Residents of Fairfield LGA lose \$1.4 million to poker machines each day.

These alarming statistics underpinned the Gambling Harm Screening and Referral Project in 2019-20. The project was led by the Fairfield City Health Alliance, a unique collaboration between SWSPHN, the South Western Sydney Local Health District and Fairfield City Council.



During the past 18 months, the project team led the co-design, implementation and evaluation of a pilot gambling harm screening model in the Fairfield LGA which aimed to:

- Improve the identification of patients experiencing gambling harm
- Educate GPs and community workers about the issue of gambling harm
- Increase referrals to support services

Co-design

The co-design process brought together more than 100 participants including GPs, community workers, psychologists and consumers.

It included a workshop which attracted 39 stakeholders, an online survey which drew 73 responses, and interviews with 29 participants and two focus groups involving eight healthcare professionals.



The model

The screening tool itself was selected as a result of the co-design, bringing together the Problem Gambling Severity Index Short Form (PGSI Short Form) – which focuses on the individual engaging in gambling behaviour – and Concerned Others Gambling Screen (COGS) – which focuses on an individual experiencing harm as a result of another person's gambling.



The screening tool steps the practitioner through a series of questions, with responses weighted to produce an indicative screening outcome

Information packs were also provided to participants with resources on the available support services and how to access them, and training materials including motivational interviewing techniques in the context of gambling. A model for screening was also developed.

Participants

Healthcare providers in Fairfield LGA were invited to express their interest in implementing the screening model over 13 weeks during May to July. Participants included 10 community workers from a range of organisations and two GPs.



More than 140 patients were screened during this period

Response to COVID-19

The initial project called for face-to-face screening and, in the case of GPs, having the questions completed in the waiting room. The project moved online, acknowledging that many practitioners were moving to telehealth arrangements in response to the COVID-19 pandemic.

Results



Recommendations

The following recommendations are made regarding the success of the model and rollout across NSW.

Recommendation 1: As per the process approach to scalability, the screening model was effective and should be scaled across NSW to GPs and community workers with Regional Service Providers (under the new Office of Responsible Gambling model) responsible for implementation.

Recommendation 2: Community services are uniquely placed to implement the screening model.

Recommendation 3: To improve GP uptake and ongoing usage, integration of the gambling screening model as part of or complementary to existing lifestyle screening or alcohol and other drugs screening (and thus embedded in practice software) is essential.

Recommendation 4: An indicative screening outcome based on patient responses would help guide interventions.

Recommendation 5: A centralised data store of screening results across regions would better inform policy and local health needs assessments.

The project was funded by the NSW Government's Office of Responsible Gambling.

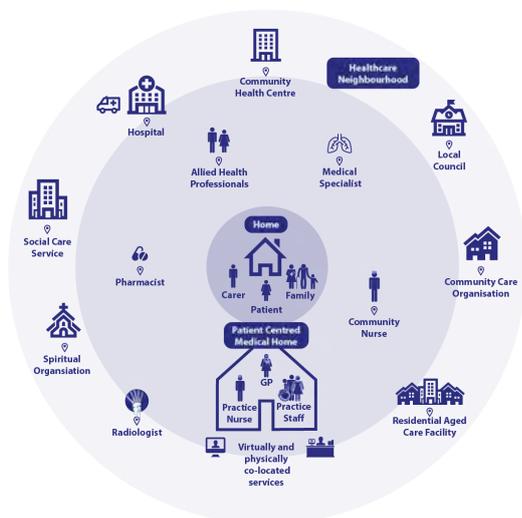


My Care Partners

As those working in general practice know only too well, patients with complex health needs typically suffer from multiple chronic health conditions, functional limitations and unmet social needs.

With such complexity, a patient's care can often be fragmented leading to concerns about the quality and safety of patient care, and increasing the risk of potentially-preventable hospitalisations.

In 2019-20, SWSPHN partnered with the South Western Sydney Local Health District (SWSLHD) to develop the My Care Partners program which aims to improve care co-ordination between the patients' medical home (typically a general practice or Aboriginal health service), primary and community services and acute care, and ultimately improve outcomes for patients with complex and chronic conditions who are at risk of potentially-preventable hospitalisations. While not yet live in local practices, SWSPHN and SWSLHD staff and dedicated members of the steering committee and working groups, have worked hard during the year to develop the program.



Medical neighbourhoods

The My Care Partners program adopts a 'medical neighbourhood' model of care and has been co-designed by SWSPHN, the SWSLHD, primary healthcare providers and community members. It involves a team-based approach to fulfil the individual's required care needs. Team members include the patient and GP, as well as practice administration staff, practice nurses, specialists and allied health providers such as physiotherapists, podiatrists, dietitians, diabetes educators and psychologists.

As an active member of the 'medical neighbourhood', practices will work collaboratively with other participating practices to improve the outcomes of a shared cohort of patients.



As a result of shared care, the 'medical neighbourhood' can achieve 'shared outcomes' as well as 'shared cost savings' which are distributed among participating practices in the 'neighbourhood'

In 2019-20, SWSPHN signed-off on the Joint Venture Deed with SWSLHD to formalise our ongoing commitment to the development of the 'medical neighbourhood' model.

We also submitted an EOI for the Ministry of Health Patient-Centred Collaborative Commissioning Groups to seek further funding for the expansion of the model.

How it works

The program will provide participating practices with ongoing support to transform into a 'patient centred medical home'. General practitioners will enrol patients with complex and chronic conditions who have been identified as at risk of frequent hospitalisations.

Participating practices must make a number of commitments including:

- Reviewing reports and working with enrolled patients and their care team to identify needs that can assist in reducing a patient's risk of potentially preventable hospitalisations
- Providing protected time to allow for staff training and innovation
- Installing and enabling digital health applications to improve communication between providers and to track each patient's journey
- Working with a SWSLHD Care Enabler and patient care teams to continue to provide team-based care to identify patients' needs

Care Enablers

The Care Enabler is a team member from the SWSLHD who will work with practices and My Care Partners patients to facilitate their care. The Care Enabler will form part of the patient's care team to:

- Assist patients in navigating the healthcare system
- Identify additional support for the patient
- Facilitate communication and appointments with the care team
- Assist in improving health literacy

In 2019-20, SWSPHN finalised the medical neighbourhood model of care and Care Enabler procedures.



Benefits – practice

Some of the benefits include:

- Staff trained in digital health readiness and enrolment readiness by the PHN team and Care Enabler team
- Opportunities for staff to suggest and work on quality improvement initiatives within the practice
- Learning opportunities for staff, including attending workshops and joining networking sessions
- Opportunities for staff to network with other My Care Partners practices and external providers in your 'neighbourhood' to improve communication and enhance relationships
- Team-based and patient-centred care
- Access to 'shared cost savings' distributed across the 'medical neighbourhood' for practices who achieve patient outcomes

Benefits – patients

Some of the benefits include:

- Improved outcomes for patients with complex and chronic conditions including reducing the risk of preventable hospitalisations
- Improved patient experience by encouraging continuity of care and team-based care to reduce the risk of omission or duplication of services

Timeframe for implementation

In 2019-20, SWSPHN developed a general practice capacity building framework to support My Care Partners practices when implementation begins.

The program will begin in the Campbelltown/Camden Hospital catchment – that is in Campbelltown, Camden and Wollondilly LGAs – before being rolled out across LGAs in the rest of the region. An Expression of Interest will be distributed to practices within the Campbelltown/Camden Hospital catchment which meet the eligibility criteria.



A maximum of 25 practices will be recruited for the first 12-month period. Patient recruitment will begin in 2021



Community of Practice

In 2019-20 SWSPHN staff, Yin Li and Jennifer Green, contributed to an article in the *Annals of Family Medicine* about the trial of a peer-facilitated community of practice, the first to provide peer learning and support to GPs around a locally relevant area of clinical interest – diabetes care in Fairfield.



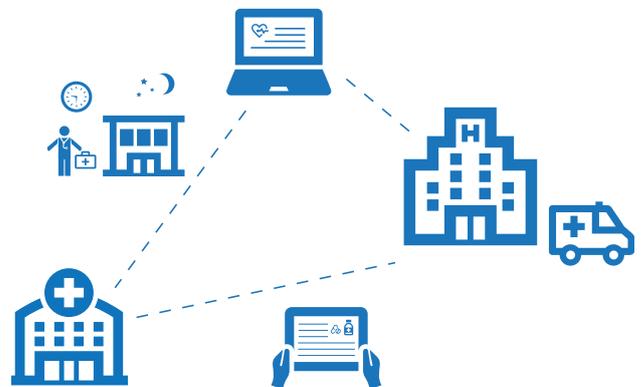
The published article outlines how structured, peer-led, 'community of practice' meetings were organised to bring together general practitioners in a culturally diverse region of Australia.

The trial aimed to combat professional isolation and to generate local relationship-building and continuing professional development around shared interests. The program's development was coordinated by a partnership of primary care academics and SWSPHN.

iRAD

Imagine your elderly grandmother is unwell and urgently needs to see a doctor after hours. She's on many different medications and sometimes finds it difficult to keep track of what she's taking, when and how much she should take. That's where iRAD helps – enabling GPs and hospitals to share clinical information in real-time to improve patient care.

SWSPHN's innovative iRAD (Integrated Real-time Active Data) project is Australia's first truly interoperable health platform – reliably sharing information between providers who use different computer systems in different locations.



iRAD enables a comprehensive picture of the patient's medical history to be accessed 24 hours a day, seven days a week.

It reduces gaps in information needed to provide patients with high quality care, reduces the need for patients to repeat themselves and reduces the time spent following up missing information.

iRAD makes visits to your GP more simple
No more having to repeat the same story, trying to remember exact dates, names of medication and medical jargon



Spend more time talking with your GP about the things that matter to you most

Ask your GP about iRAD or find out more at swsphn.com.au/irad



In early 2020, SWSPHN began fast-tracking the expansion of iRAD in response to the COVID-19 pandemic after a successful trial of the software in four of our region's general practices

As of 30 June, iRAD had been expanded to an additional 28 general practices and two specialist clinics across South Western Sydney.

In 2019-20, we hosted three training sessions for our frontline Practice Support Officers to enable them to train practices to use iRAD, four iRAD webinars for GPs, practice managers and practice nurses, and multiple webinars for other external stakeholders.

The iRAD story was presented at numerous national and international forums.



We also stepped up our iRAD Symedical Community of Practice meetings which see the clinicians at SWSPHN come together to map clinical terms for iRAD.



iRAD's data mapping of clinical terms saw 14,826 allergy terms, 60,156 medications and 40,777 medical conditions mapped in 2019-20

Information available on iRAD includes medications, allergies, pathology and radiology results, immunisations, conditions (current and past), consultation dates and documents. New COVID functionality has also been added to iRAD which prompts practitioners if their patient is COVID-19 positive.

Why use iRAD?

Better health outcomes

- Enhanced patient information for better clinical decisions
- Improved patient safety - potential to reduce clinical and medication errors
- Time saving and reduced duplication
- Easier coordination of care

Practical and easy-to-use

- Connects with Best Practice, Medical Director, My Health Record and other data sources
- Quick and easy to record patient consent. Can be recorded by reception, nurse or GP
- No cost to GP or patient
- Single sign-on, no additional logins

Who does iRAD help?

- Patients who access multiple health services
- Patients with low health literacy or who struggle to recall clinical history
- Patients who speak English as a second language
- Patients attending After Hours services
- Patients with complex chronic conditions

To provide our community with more information, SWSPHN produced a video in 2019-20 featuring our CEO, iRAD business analyst, a GP and a patient describing the benefits of iRAD. A wealth of resources, including information sheets for patients in multiple languages, has also been developed for our website in this financial year.



CONNECTING WITH COMMUNITY



92,936

visited the
SWSPHN
website
last year



256

Health
Resource
Directory
patient
factsheets
available



95

people
participated in
men's suicide
prevention
co-design



11

Aboriginal
Mental Health
First Aid
Instructors
trained

Connecting with Community

Enabling a healthier community that achieves the best possible outcomes is core to much of the work we do at SWSPHN.

Keeping the community healthy means both commissioning services that meet local need as well as providing tools to help improve the health literacy of all residents. None of this would be possible without partnering with our local community in the planning, development, implementation and evaluation of our services.

Men's Proactive Suicide Prevention co-design sessions

Passionate, enthusiastic and innovative community members and service providers joined our mental health team in February 2020 to create design briefs for new local mental health services which could transform the way men at risk of suicide access supports.

Ninety-five participants attended our Men's Proactive Suicide Prevention co-design sessions at Campbelltown and Mittagong on 3 and 4 February.



The co-design sessions gave local people an opportunity to contribute to the development of a range of new men's suicide prevention initiatives over the coming years to reduce the alarming rate of male suicide

Presentations from existing services which have already tailored programs towards men inspired participants early on in the sessions and helped spark crucial early conversations about the best practice approaches to men's suicide prevention.

Consumers, carers and family members whose lives have been touched by suicide also spoke, reminding participants of the importance of tackling the significant mental health concern.



Participants were then asked to develop a design brief of a service or support aimed at reducing and preventing suicidality in men. This could be anything as long as it was non-clinical in nature. Once participants had formed their design, they were moved into a group of two to three people who had a similarly themed approach and asked to combine the ideas into a multi-layered solution. Each idea was presented to all attendees and there was opportunity for discussion including suggestions, feedback or comments.

This co-design approach has since helped to enable SWSPHN to develop an innovative grants approach through which we'll provide funding to organisations to foster ideas for helping men become more proactive in seeking and securing support to improve their mental health and reduce rates of male suicide.



Successful co-design approach to men's suicide prevention attracts invitation

The success of our mental health team's region-wide service co-design approach to men's suicide prevention caught the attention of the Australian Men's Health Forum early in 2020.

Our then Mental Health Manager, Chris Jones, was invited to present to the Men's Health Connected forum, an online summit in June, on how PHNs are working to prevent male suicide and how PHNs are engaging with men.

His presentation focused on the key learnings and perspectives from co-design sessions held in February. He also highlighted and celebrated other men's mental health initiatives that have taken place in South Western Sydney over the past few year.



SWSPHN was identified as an emerging leader in the space of men's mental health approaches and subsequently has continued to develop strong local, state and national approaches with like-minded organisations

Peace of Mind Project

Our Peace of Mind Project continued to work towards improving the end-of-life journey for people with dementia, their carers and families in 2019-20 despite being heavily impacted by the COVID-19 pandemic.

The Peace of Mind Project was developed in 2018 in response to the prevalence of dementia, the leading cause of death among women and the second leading cause of death among all Australians.

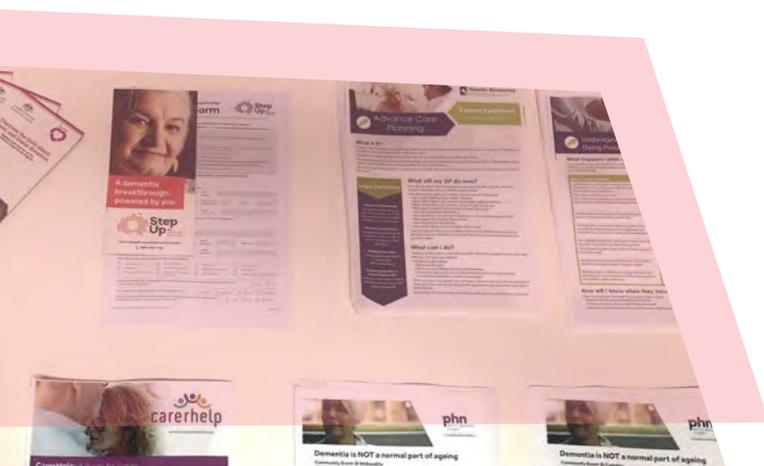
The project aims to provide an integrated, person-centred model of end-of-life planning and palliative care delivered in the place of their choice; increase timely diagnosis of dementia; promote early engagement with palliative care education; promote early engagement with Advance Care Planning; to increase community health and death literacy; and develop an approach to Compassionate Communities.



The project delivered five well-received information sessions titled, Dementia is NOT a Normal Part of Ageing, in 2019 and another in early 2020 in collaboration with Campbelltown City Council. Unfortunately COVID-19 forced the cancellation of two remaining events planned in collaboration with Camden and Wollondilly Councils.

The pandemic also caused disruption to the project's CPD schedule for 2020. However, in June, a workshop was hosted on embedding Advance Care Planning into everyday general practice. The workshop was delivered by The Advance Project via webinar and was well received by 47 participating GPs, practice nurses and practice managers.

A small working group is developing a model of care and a palliative care HealthPathways approach to caring for people with dementia. The Department of Health announced a 12-month extension of the project in July due to the COVID-19 impacts. This will allow for the completion and implementation of the model of care as well as a return to the residential aged care palliative care quality improvement activity that needed to be postponed due to the impact of COVID-19 on aged care facilities.



South West Stories – media coverage

SWSPHN developed a suite of media releases to complement promotion of our *South West Stories* video series in 2019-20.

Through the series, the community had the opportunity to meet Erin, Georgina and Doug who have been supported by SWSPHN-commissioned mental health services.

The media releases raised further awareness of the services available to those needing support with their mental health, gave the community another forum for connecting with the stories and allowed Georgina, Erin and Doug's to share why they agreed to appear in the videos.

Erin said SWSPHN's role in funding services like You in Mind was important because most of the time when people found themselves in a bad place, they weren't in a position to be able to fund psychological services.

"I definitely wasn't and I can imagine if I was alone and didn't have my parents' support, it would have been even harder. It's the best way to get people back into work if that's what they've lost or back on their feet and turn a bad situation into a positive. I feel like that's what's happened for me."



"The You in Mind service is fantastic and I think that it could help a lot of people and that's why I was happy to share my story. It was difficult at the time but I'm in a much better place now"

The media releases were shared on Facebook, through our community newsletter Community Pulse and via local news media coverage.

Aboriginal health hub in Bankstown

Our staff joined the Bankstown Aboriginal community and other stakeholders in February for the opening of a new hub which aims to support Aboriginal and Torres Strait Islander people who have or are at risk of developing a chronic condition, access holistic, culturally appropriate healthcare.



Bankstown House (now Wellama Aboriginal Community Health Centre) builds on the success of the Budyari Community Health Centre in Miller. Seed funding was provided by SWSPHN in partnership with South Western Sydney Local Health District (SWSLHD), and additional funding and ongoing support is provided by SWSLHD. Bankstown House is facilitated by SWSLHD's Aboriginal Chronic Care Program (ACCP).

The ACCP team is offering access to care coordination, podiatry, cariology and optometry services from the centre. The program also offers referrals to services provided at Budyari including specialist clinics, a dietitian, an exercise physiologist, social work and health education.

First Aboriginal Mental Health First Aid Instructors accredited in SWS

SWSPHN commissioned the training of 11 Aboriginal Mental Health First Aid Instructors in 2019-20.

Aboriginal identified staff from a range of organisations including Tharawal Aboriginal Corporation, South Western Sydney Local Health District, Lifeline Macarthur, NSW Police, Justice Health and St Vincent de Paul Society NSW, undertook the training and became accredited by Mental Health First Aid Australia.

Prior to completing the training, there were no accredited Aboriginal Mental Health First Aid Instructors based in South Western Sydney.

The new instructors are working together to coordinate delivery of training across the region, in the hope of increasing the mental health literacy and capacity of community members and workers who assist people from an Aboriginal background who are experiencing a mental health problem or mental health crisis.



CALD Youth and Teen Mental Health First Aid

In 2019-20, SWSPHN had success with a project which aimed to increase the mental health literacy of young people - and adults who work with young people - from culturally and linguistically diverse (CALD) backgrounds.

We commissioned Mental Health First Aid Australia to deliver and evaluate CALD Youth and Teen Mental Health First Aid in Fairfield.

The project involved training youth and teen Mental Health First Aid instructors and developing resources.

Western Sydney University was engaged to undertake research and evaluation of the effectiveness of the project.



The project found that training led to an improvement in mental health literacy, thereby leading to the improvement in youth mental health in areas with high CALD populations

Mental Health Symposium 2019

SWSPHN brought together service providers, allied health professionals and community for the Mental Health Symposium 2019 at the Holiday Inn, Warwick Farm on Wednesday, 20 November.

The symposium aimed to showcase the success of SWSPHN's delivery of mental health services in the region, present some of our newer services, and explore various mental health-related subjects and resources such as lived experience, eMental health and Mental Health First Aid.

The event attracted more than 90 people and included informative and captivating presentations including those from:

- Lucy Brogden, Chair and Commissioner of National Mental Health Commission, who discussed the implementation of the Fifth National Mental Health and Suicide Prevention Plan.
- Tim Heffernan, Mental Health Peer Coordinator, Coordinare/Deputy Commissioner at the Mental Health Commission of NSW, who talked about lived experience.
- Petrea King, Founder/CEO of Quest for Life Foundation, who focused on the importance of self-care.

Participants were given the opportunity to learn more about Recovery Point, an online tool which provides local mental health information and resources and a comprehensive directory of programs and services in South Western Sydney, and the new Connector Hub and Consultant Psychiatry services which we commissioned in 2019.



A number of stalls were also available to provide information and support, with stallholders including Flourish Australia, Wellways, headspace, Consultant Psychiatry Service, One Door, STAR4Kids providers, You in Mind providers, Community Links and Quest for Life.

The event also included a video snapshot of mental health in South Western Sydney, showcasing SWSPHN-funded services available to local residents, successes and challenges in the mental health space and personal mental health journeys with short excerpts from *South West Stories*.

The symposium was well-received, and importantly highlighted the success of the collaboration between SWSPHN and local GPs, mental health professionals and community organisations in providing mental health services in the region.



Health Resource Directory

Health Resource Directory aimed to improve the health literacy of our community in 2019-20, with an additional 28 English factsheets, 73 translated factsheets and 13 audio translations added to bring the total number of factsheet variants available to 256.

The website, HealthResourceDirectory.org.au, was launched in 2017-18 to provide patients with easy access to reputable information on health conditions and local health services. The directory also supports GPs to educate their patients and improve health literacy by providing a range of GP peer and community reviewed health information and resources.

Health Resource Directory contains a wide range of localised patient factsheets adapted from HealthPathways clinical content, and re-written in an easy-to-read format

which is available in English printed and audio formats, and translated into Arabic, Vietnamese and Simplified Chinese, both printed and audio.

Resources listed on the factsheets are taken from the 'patient information' sections of relevant HealthPathways, ensuring information provided to local residents is consistent with local clinical practice.

HealthChat

2019-20 has seen HealthChat streamline engagement with health professionals across the South Western Sydney region and open up new opportunities to hear from a diverse range of voices.

Our engagement platform, launched 2018-19, has automated existing feedback mechanisms with the launch of an online CPD Evaluation portal enabling local GPs to provide input following each CPD event.



Since 3 June, 231 GPs have engaged with the platform's dedicated CPD Evaluation portal

New practice nurses have also benefited from active participation, networking and clinical support via the HealthChat *New to General Practice Nursing* group.

Meaningful engagement with our community is a key focus for SWSPHN. HealthChat continues to promote participation and idea sharing through regular surveys, discussion forums and consultations. Closed focus groups and committees, including our Community Advisory Committee (CAC), encourage an active presence on the platform and promote discussion, information sharing and evaluation.

In May this year consumers, carers, mental health professionals and service providers were invited to share their unique perspective and experience using HealthChat focus groups and additional co-design methods to help shape a new mental health peer support program for people accessing specific mental health services in our region. Feedback obtained was used to help inform the tender launched in September 2020.

HealthChat will continue support inclusive co-design and consultation with stakeholders in 2020-21.

Community Pulse, social media and traditional media

Our Communications team connects with our community, informing, educating and engaging residents, consumers and service providers through a variety of mediums including social media, community newsletters, our website and local media.

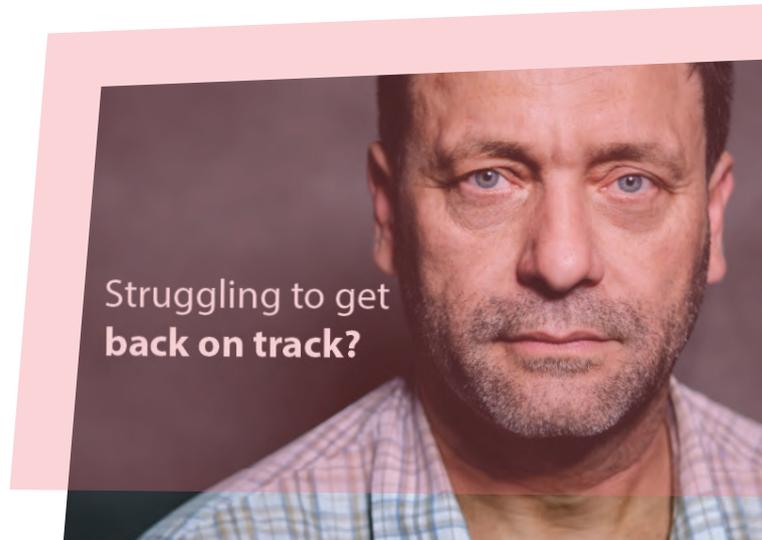


In 2019-20, in addition to our regular health news, information and activities, we strongly focused on supporting our community through the dual disasters of bushfire and COVID-19

We shared information about smoke, facemasks and crisis support (bushfires); and comprehensive information about testing locations in South Western Sydney translated into multiple languages, the latest hotspots and the importance of maintaining your regular health (COVID-19).

We posted and shared relevant content daily on our social media channels Facebook and Twitter, in addition to LinkedIn. We developed the Don't Neglect Your Health campaign video series which was published on both Facebook and our YouTube channel.

Important information on the bushfires and COVID-19 was also published in SWSPHN's community newsletter, Our Community Pulse, which is distributed monthly to a subscriber base which continues to grow.



In 2019-20, the e-newsletter continued to keep our community up-to-date on health news with tips, information and activities across our region. We focus on our regional priorities and highlight the work of the SWSPHN and its commissioned services through this newsletter.

We've also delivered important health information via the media this financial year through media releases – on subjects including antenatal shared care, World Hepatitis Day, our Compassionate Communities workshops, iRAD, *South West Stories*, the bushfires, new GP-led COVID-19 testing clinics and our Don't Neglect Your Health campaign – which have been distributed to and published in community newspapers and websites, and featured on the news on C91.3 radio station.



PARTNERSHIPS & ENGAGEMENT



11,733

hours of
service
supporting
You in Mind
clients



8

PHN Regional
Planning
Network
meetings



15

service
providers
conducted
cultural
competency
audits



4,600

people
engaged with
South West
Stories video
series

Partnerships & Engagement

Meaningful engagement and strong long-term partnerships ensure our planning is robust and the services we commission are innovative, truly integrated and support local health needs.

Establishing partnerships and maintaining engagement enables the collective sharing of evidence, and local knowledge and business intelligence by key stakeholders. Working with our partners to counter fragmentation in the health system will ensure all local residents achieve the best possible health outcomes.

Regional Mental Health and Suicide Prevention Plan

Community input has been vital to the development of our Regional Mental Health and Suicide Prevention Plan during the past 12 months with 11 co-design sessions involving more than 200 participants in July and August 2019.

SWSPHN and South Western Sydney Local Health District (SWSLHD) worked together to develop the plan – a regional approach to addressing the mental health needs of people living in our region for the next five years.

Regional plans are being developed across Australia and will guide efforts to improve many aspects of the health system, including referral pathways, integration and collaboration within the mental health sector (and relevant community and health services).



The end goal is an improved experience and outcome for those accessing mental health services

The co-design sessions, and a follow-up session in September 2019, gathered feedback from people with lived experience, carers and service providers, and informed the development of priority areas, objectives and actions.

The draft South Western Sydney Plan has been reviewed and edited by the Regional Planning Steering Committee and has incorporated additional feedback from co-design attendees and other relevant networks.

It identifies priority areas and potential steps needed to action or improve these priority areas. SWSPHN will now develop a separate (but aligned) implementation plan which will involve further community consultation. The implementation plan will consider specific steps which need to be taken and which stakeholders should be involved to ensure the plan is effective over the next five years.

Regional plans were due to be released in mid-2020 but COVID disrupted the timeline for many PHNs and the due date has been extended to December 2020. SWSPHN has remained on track according to the original timelines and will use the extra time available to further refine the plan.

PHN Regional Planning Network

In 2019-20, SWSPHN co-chaired the PHN Regional Planning Network which supports PHNs across the country with the development of their Regional Mental Health and Suicide Prevention Plans.

Eight network meetings were held in the past financial year – six via teleconference and two face-to-face.



Meetings have covered a wide range of topics including: suicide prevention; the National Mental Health Service Planning Framework; engaging with the community and those with a lived/living experience; governance; co-commissioning; case studies; service mapping; communicating and marketing finalised plans within the regions; and crisis response following the consecutive events of the bushfires and COVID-19.

Regional plans were originally required to be released by mid-2020 for all PHNs, however, the Department of Health extended the deadline to December 2020 following feedback gathered from PHNs by SWSPHN and co-chair South Eastern Melbourne PHN in response to the challenges presented by pandemic.



SWSPHN has received praise from network members for its work with the network and support of other PHNs with the majority of survey respondents saying: “keep doing what you are doing”

It is anticipated that the Regional Planning Network will continue beyond December 2020 to help support PHNs in the implementation and evaluation of their plans.

Community Advisory Committee

The SWSPHN Community Advisory Committee had a solid year in 2019-20, re-electing Chair Larry Whipper and deputy Chair Cath Brennan to guide us through these unprecedented times.

While we managed to get in one face-to-face meeting at the start of 2020, COVID has meant the remainder of 2019-20 had us convening via Zoom – which we are proud to report happened seamlessly.

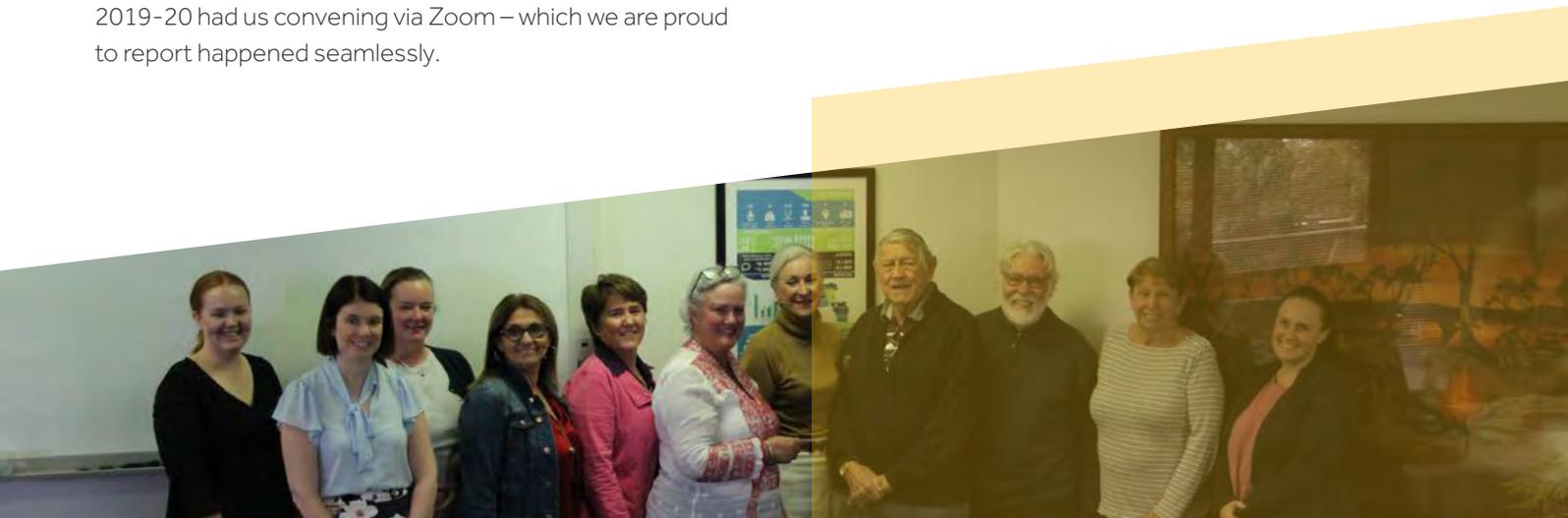
During the year, the committee had oversight of a SWSPHN Quality Improvement activity to review consumer engagement representation on the organisation’s different committees and working groups and create a dedicated policy and a uniform welcome pack for all consumers.

The group, which meets every two months, consulted on nine initiatives throughout the year including on opportunities for enhanced community engagement and to improve awareness of the mental health stepped care approach; on our partnership with Compassionate Communities and the ‘Let’s break the silence’ community events that followed; the Quality Improvement in Primary Care (QIPC) program and what it means for consumers; the Western Sydney City Deal and Health Alliances’ work; and earlier this year on our bushfire response.

The committee played a key role this year in supporting the SWSPHN to develop key messages and subsequent patient information brochures and posters for the iRAD project, which also included development of the slogan and thorough review of all information brochures.

In 2019-20, the group continued the very important task of reviewing and putting the consumer eye across our Health Resource Directory factsheets and at the end of 2019 we were briefed on the Health Resource Directory evaluation report.

Another key focus for the year was the after hours review and consultation. The committee played an important role in the dissemination of the consultation survey early in the year and following our December meeting, continued to make an invaluable contribution in the focus group session. And in our last meeting we discussed the after hours co-design outcomes.



And lastly COVID. Our committee was first briefed on COVID-19 in our February meeting when the agenda item was called 'Novel Coronavirus' and the focus was mostly on mask distribution to general practice and keeping general practice briefed on case movements. By our April meeting, most members were working from home and issues surrounding the impact of COVID-19 on our local community was discussed in greater detail.

The committee oversaw the approval of three new COVID-specific Health Resource Directory factsheets – with a lightening quick turnaround in feedback – and was instrumental in supporting the dissemination of information throughout the community of COVID information, including our localised testing options flyers and translations.

Clinical Council

The Clinical Council had another strong year in 2019-20 under the leadership of Chair Professor Brad Frankum. The council was active in providing feedback on a number of key projects and was pivotal in providing insight into general practice needs during the COVID-19 pandemic.



In April and May this year, the Clinical Council met fortnightly to ensure the local response was planned, relevant and swift



In April and May this year, the Clinical Council met fortnightly to ensure the local response was planned, relevant and swift. Meetings included briefings from the SWSLHD Chief Executive plus a review of primary care's role in disaster and pandemic planning.

The Clinical Council also supported our work throughout the year by providing input on projects including the introduction of the PIPQI; the official rollout of project iRAD into local practices; the Integrated Diabetes Framework; collaborative commissioning; Health Alliances; HealthPathways; GP engagement; the New to General Practice Nursing program; the PoMP project; and the SWSPHN bushfire relief response.

The Clinical Council was also active in the review of the joint SWSPHN, Cancer Australia and SWSLHD Early Breast Cancer Survivorship Pathway project which led to the development of the first GP shared survivorship care pathway in Australia.



Local Health Councils

It was a mixed year for our six Local Health Councils with only two face-to-face meetings held before we had to quickly re-convene with a combined meeting for all the councils in March.

Despite this, each of the groups continued to play a pivotal role in providing feedback and direction on SWSPHN activities and initiatives including HealthChat demonstration and feedback; iRAD consultation and clinical viewer demonstration in Southern Highlands, Campbelltown and Camden; presentation on the Pasifika Diabetes program in Campbelltown, Camden and Liverpool; and Fundamentals of Commissioning update for all regions.

In March this year we convened a combined Local Health Councils, Clinical Council and Community Advisory Committee meeting via zoom to discuss the COVID-19 challenge locally and to report back to the groups the SWSPHN COVID response.

As part of the response, members of the Local Health Councils have helped to disseminate information about COVID-19 testing options and local education events, with our valued members utilising their vast networks to get the word out in our community.

A key piece of work each of the councils contributed to in 2019-20 was the 'Place-based solutions matrix'. Drawing on the collective local knowledge and broad expertise of members of each of the Local Health Councils, in the July/August meeting round of 2019, we collated a list of local health issues or concerns from each local government area.

Each Local Health Council's list was developed into a matrix and reviewed for consistent themes and issues within SWSPHN jurisdiction and the whole matrix tabled during the next round of meetings for discussion and action planning. The matrix was tabled with the Clinical Council and Community Advisory Committee and will be reviewed again in 2020-21.

Health Alliances

Fairfield Health Alliance

The Fairfield Health Alliance has had a successful year in seeing a number of our projects delivered in the community. A highlight of 2019-20 was the development and piloting of the gambling assessment tool for the Gambling Harm Screening and Referral Project after successfully gaining an Office of Responsible Gaming grant last year.

Now in its third year, the Fairfield Health Alliance, is a partnership between SWSPHN, Fairfield Council and the South Western Sydney Local Health District. The alliance addresses the unique and diverse health needs of one of Australia's most diverse local government areas, where close to 70 per cent of the population speaks a language other than English at home.

Fairfield Health Alliance's three focus areas are gambling, health literacy and general practice capacity building, with a working group focusing on a number of projects within each of those areas.

During the past year, the general practice capacity building working group has focused on Hepatitis C testing and treatment and reducing antibiotic prescribing and educating the community on antibiotic over use.

The Health Literacy working group has focused on mental health literacy training for community leaders and on health promotion strategies for diabetes management. In August 2020, an evaluation paper, headed by Associate Professor Shameran Slewa-Younan from WSU, on the research project on mental health literacy for Arabic religious and community leaders was published, a positive step in building the evidence base of the alliance's work.



Wollondilly Health Alliance

The Wollondilly Health Alliance is now in its sixth year and continues to work to improve the health of our community. The alliance is a partnership between SWSPHN, Wollondilly Shire Council and South Western Sydney Local Health District.

Our three working groups have representatives from the three partner organisations, in addition to those from general practice, non-government organisations and private industry – all working together to make a real difference to the health of our rural community.

The working groups include: Care Process, Health Promotion and Health in Planning. The top health priorities for the alliance are:

- Future planning for health services aligned to predicted population increases
- Better sharing of patient health information
- Improving access to community health services
- Increasing community awareness about local healthcare services and treatment options
- Attracting and retaining health professionals
- Preventative health

2019-20 saw the delay of many projects due to COVID-19 restrictions. However, the three working groups continued to meet and facilitate health improvements where they could. Projects undertaken this financial year included:

The Care Process group focused on and progressed telemonitoring, video consultation and Warm Up Wollondilly (winter initiative) – all of particular importance during COVID-19. 2019 also saw the implementation of Patient Reported Experience Measures through the telemonitoring program with positive feedback. The first video consultation was held successfully in July 2019.

Video consultation increased between March and June 2020 with the increasing need for telehealth in response to COVID-19. Camden and Campbelltown Hospitals' outpatient clinics led the design, implementation and evaluation for video consultation during COVID-19 and the alliance supported this through the provision of additional equipment such as webcams and headsets. Warm Up Wollondilly was a new initiative in 2020 targeting vulnerable groups during winter to alleviate feelings of poor health.

The Health Promotion group promotes healthy living and raises the health literacy of the community. In 2019 the working group challenged local schools to adopt a healthy canteen menu through the Healthy School Canteen Strategy.



Twelve of the 14 public primary schools in Wollondilly put in a fantastic effort and are now offering a range of healthy food and drinks to their students.

Three Elders cooking classes were also held in February and March 2020 before COVID-19 restrictions. These classes are part of alliance's journey to build a relationship between Wollondilly Aboriginal Elders and the Tharawal Aboriginal Medical Service. Work also progressed on the Health and Wellbeing mapping project, and Project Grow and Café Connect.

The Health in Planning group continued to work on key initiatives to ensure health is embedded in the planning of the shire's new estates like Wilton Junction. In 2019-20, the alliance supported Wollondilly Shire Council to develop and finalise the Wilton Health and Wellbeing Strategy, in consultation with the community, local organisations and NSW Government agencies.

The strategy is a key part of the plan to make Wilton a healthy and liveable town with a fast-growing population. The alliance also supported council in implementing the Social and Health Impact Assessments into its development application considerations in 2019-20. These assessments help council staff consider the impacts of development upon community health and wellbeing.

Western Sydney Health Alliance



The Western Sydney Health Alliance took a significant step forward in 2019-20 with the signing of the Memorandum of Understanding by all partners and the adoption of the detailed project plan

The alliance was formed in 2018-19 as a priority in the Western Sydney City Deal, a 20-year partnership between the three levels of government which aims to transform Greater Western Sydney through investment and planning reform, improving access to employment, housing, health, education and liveability.

The partnership between SWSPHN, the South Western Sydney Local Health District and five councils within our region, the Nepean Blue Mountains PHN, the Nepean Blue Mountains Local Health District and three council's within that region is focusing on four priorities: getting people active; access to healthy food; liveability and connections; and access to health and wellbeing services. SWSPHN has joined Nepean Blue Mountains PHN in taking the lead on the Access to Health and Wellbeing Services Working Group.

Our leadership in the working group is an opportunity to provide input into long-term government policy and planning for the growth of Greater Western Sydney in areas including health impact statements and improving health literacy.

Mental Health and Alcohol and Other Drug (AOD) Roundtables

Health professionals who support people experiencing co-occurring mental health and/ Alcohol and Other Drug (AOD) issues continued to work together in 2019-20 through SWSPHN's roundtable meetings.

There have been four roundtable meetings since 2018 with participation from 35 organisations across South Western Sydney. Seventy members are also involved in the roundtable e-group.

SWSPHN's mental health and AOD needs assessments found local residents often present to general practice or specialised mental health or AOD services with co-occurring needs, but many local services were unable to cater for all needs and some were unaware of the services available in the region for people with complex co-occurring mental health and AOD problems.



Stakeholders work together through the roundtables to develop effective strategies to tackle the co-occurring issues and improve outcomes for this vulnerable population while increasing the capacity of our workforce

The last roundtable meeting on 30 October 2019 covered a wide range of topics and was fortunate enough to have representation from 11 organisations including: Odyssey House; HIV & Targeted Programs from Population Health; the Salvation Army – Youthlink; Youth Off The Streets, St Vincent de Paul – Rendu House; DAMEC; South Western Sydney Local Health District – Drug Health Services; Credentialed Mental Health Nurse Service; Ministry of Health – AOD Prevention and Harm Minimisation; Liverpool Hospital; and Macarthur Disability Service.



Participants shared meaningful stories and were involved in brainstorming sessions which enabled them to look at future planning and implement micro-actions to support client outcomes.

There were presentations from; Gambling Harm Screening and Referral Project (SWSPHN); Dual Diagnosis Service (SWSLHD); Communicating with older people about alcohol (Ministry of Health); and South Western Sydney Recovery College (MDS).

A roundtable was scheduled for April 2020 but was unfortunately postponed due to the COVID-19 pandemic. SWSPHN plans to organise a shorter online roundtable meeting in the near future to continue the work and partnership of this group.



Active Breed

We joined forces with the Canterbury Bankstown Bulldogs and Western Sydney University for the second time 2019-20 for the Active Breed Program which encourages men to be proactive in making positive changes to their physical and mental health.

Active Breed is a 12-week program for men aged 35 to 64, focusing on encouraging participants to improve their physical and mental health and lose weight through a series of weekly education and exercise sessions.

Topics included weight loss, physical activity, diet, mental health and violence prevention. The sessions were held at or around Belmore Sports Ground and were run by health experts, Active Breed coaches and Bulldogs legends.

SWSPHN's Mental Health team provided the mental health component of the program and aimed to increase mental health literacy, develop individual and peer support strategies and improve familiarity with mental health services offered in South Western Sydney including New Access, You in Mind and Recovery Point.

Feedback from participants:



It's just not my journey in regards to mental health but I know it's many people's. I just want to be a good friend out there for anyone and just be able to identify and be able to say, hey, people do care about you and you can get help. I think that was an unexpected outcome that I didn't anticipate

- Ahmed, 51, Active Breed participant



I'd say the mental side of things has resonated probably with my wife a bit more because of what we're going through with post-natal depression. I think she's more willing to talk to me because I understand a bit more and I'm more willing to not just dismiss it and go it's motherhood get over it. It's actually a real thing. I think I'm more approachable, that makes a big difference to her

- Joseph, 35, Active Breed participant



Feedback from female partners:

"He's taken it back to the workplace as well, you know, about the mental health side of it. Being in the banking industry it's very role oriented and ... a very stressful environment. He has taken it back to them as well, which is really good, so he's been mindful of that."

"The mental health stuff he found very interesting. I think probably being in the fire brigade and having some of those stressful situations, that's been very good for him to understand some of the things he can do for that."

Cultural Competency Guidelines project

Our Integrated Health team worked with five other PHNs, the Network of Alcohol and other Drugs Agencies (NADA), local Aboriginal community leaders and non-government organisations to develop guidelines to providing culturally safe care to Aboriginal and Torres Strait Islander people in 2019-20.

The guidelines aim to support non-Aboriginal service providers in the Alcohol and Other Drugs (AOD) sector to establish better relationships and linkages with Aboriginal organisations and communities to ensure services are safe and accessible.

The resource, launched in early June, took two years to develop and followed consultation and advice from Aboriginal leaders and communities, the Aboriginal Drug and Alcohol Residential Rehabilitation Network, the Aboriginal Health and Medical Research Council and members of the Aboriginal Drug and Alcohol Network.

The project also included 15 service providers across NSW who completed a pre and post audit of their organisation and attended a guideline workshop to measure if there was change within their organisation.

Some of the feedback from participating services included:

"Having an organisation actually come in and go, 'this is where you're doing well. These are the areas you can improve on', I think that's really very valuable."



"It's been really positive for us, and I think it's given us a really good framework of where we need to step up and what we can be doing a little bit more ... and what things will be looking like for us to move forward to be working in a safe place for our clients"

The guidelines are not intended to replace the provision of services from specialist Aboriginal AOD services or community-controlled healthcare services but to improve the cultural appropriateness of mainstream services for Aboriginal people.

Liverpool Innovation Precinct, Campbelltown Health and Education Precinct

SWSPHN is working with key stakeholders to ensure new innovation precincts at Liverpool and Campbelltown provide our community with world-class healthcare, research and education facilities.

The Liverpool Innovation Precinct already includes a \$740 million redevelopment of Liverpool Hospital and a new education and research hub.

In 2019-20, SWSPHN partnered with South Western Sydney Local Health District (SWSLHD), Liverpool City Council, the Ingham Institute for Applied Medical Research, universities and other NSW Government departments to fund a project officer and a consultancy, the Sydney Business Chamber, to facilitate a program of activities to attract innovation and investment in the precinct.



In Macarthur, work on the Campbelltown Health and Education Precinct – which is being built around the \$632 million stage two redevelopment underway at Campbelltown Hospital – began this year. SWSPHN has again partnered with key stakeholders, including SWSLHD and Campbelltown City Council, to fund consultants, the Western Sydney Leadership Dialogue, to facilitate the project.

Participation on both steering committees provides SWSPHN with an opportunity to help shape the growth of the precincts, including ensuring primary care is considered in terms of precinct planning, service scoping and workforce development.

South West Stories

We produced a series of videos looking at mental health in South Western Sydney and the steps we're taking to help local people with their mental health, in 2019-20.

South West Stories gave the community the opportunity to meet Georgina, Erin and Doug whose lives have been impacted by mental illness, and the clinicians who've helped them, and to learn more about the mental health services SWSPHN commissions.



Mental health services You in Mind, Connect for Wellness and Lifeline Macarthur's Suicide Bereavement Support Group were highlighted through the series' first season. *South West Stories* was launched on World Mental Health Day, 10 October 2019 and released weekly over six weeks on Facebook and YouTube.



The videos were well-received and at the end of the financial year had reached a combined 195,700 people and attracted 4,600 engagements on Facebook. On YouTube a combined 943 people watched the videos

The series will continue with a focus on alcohol and other drugs services. Visit [SWSPHN's YouTube](#) page to watch *South West Stories*.

Mental Health Services

SWSPHN uses the stepped care model of mental health support to ensure local residents receive the right care no matter what their need is.

Our stepped care model was designed after extensive consultation with relevant stakeholders and consumers and carers living in the local community. The stepped care model guides GPs and our other approved referrers, with the support of our Central Intake team, to determine the best service to suit each individual's needs, supporting them to move up and down stepped care services as required.

Credentialed Mental Health Nurse Service

The Credentialed Mental Health Nurse Service offers one-to-one ongoing support and clinical care coordination to people living with severe and complex mental illness.

Credentialed Mental Health Nurses can provide a range of evidence based psychological interventions, biopsychosocial assessments, medication management, coordination of clinical supports and capacity building to GPs and other relevant health professionals.

There were 10 Credentialed Mental Health Nurses in South Western Sydney in 2019-20 providing support to 430 consumers, with an average 14.9 sessions per referral. A total 6,789.7 session hours were delivered in this period. In addition, people who have a severe and complex mental illness and were affected by the 2019-2020 bushfires were provided with support by Credentialed Mental Health Nurses in Camden, Wollondilly and Wingecarribee. Seven consumers have used this support.



Continuity of Support Program

The Continuity of Support (CoS) program supports the previous participants of Partners in Recovery, Day to Day Living, and Personal Helpers and Mentors, who did not transition onto the NDIS. The CoS program provides psychosocial support to this cohort of people with a severe mental illness, with the aim of supporting their recovery goals and through individualised and group-based support. This can also include supporting people to test their eligibility for the NDIS.

The CoS program currently supports about 370 consumers across the region. CoS is delivered by a consortium which includes the organisations: One Door Mental Health (lead agency); Flourish Australia; Stride Mental Health; Catholic Care and Macarthur Disability Services. CoS is a closed cohort so no new participants can be referred.



Connector Hub

Connector Hub provides psychosocial support to people with a severe mental illness across South Western Sydney. It offers a number of structured group-based activities as well as individual support with the aim of forging social connections and improving health and wellbeing.

Connector Hub is delivered by One Door Mental Health, in partnership with Flourish Australia. It currently supports about 200 consumers across the region and its team is made up of mental health workers and peer workers.

Anyone can refer to Connector Hub (with the consumers consent) including family, friends, health professionals and self-referral.

headspace

headspace is a free service for young people aged 12 to 25 years across four core streams including mental health, physical and sexual health, alcohol and other drugs, and work and study support.

It has three centres in South Western Sydney at Bankstown, Campbelltown and Liverpool with services delivered by Flourish Australia, One Door Mental Health and The Benevolent Society respectively. Young people can be referred or self-refer. In 2019-20, 2,751 clients accessed the service on 13,748 occasions.

ReFrame

ReFrame, a free service for 12-to-25 year olds living in the Wollondilly and Wingecarribee shires, gives young people the tools they need to make important and practical decisions about their mental health.

The service, commissioned by SWSPHN and delivered by Community Links Wellbeing, was launched in late 2018. It addresses a significant service gap for young people who previously needed to travel to Campbelltown to access free youth-focused primary mental healthcare.

Services are delivered by youth engagement workers and youth mental health professionals who provide support and psychological therapies to young people who are having a tough time managing stress, anxiety or worry, feelings of sadness, physical health, family and relationships, study or work. Young people can be referred or self-refer, and walk-in centres are located at Bowral and Tahmoor.



In 2019-20 ReFrame employed a youth peer worker to provide peer support to young people and demonstrated innovation in response to the COVID-19 pandemic by introducing a virtual drop-in via Zoom

In this financial year 297 distinct clients accessed 1,752 sessions.

STAR4Kids

Star4Kids provides psychological therapies for children aged three to 12 with, or at risk of developing a mild to moderate mental illness.

Services are delivered by allied mental health professionals with experience and training in working with children.

The four providers in South Western Sydney include: At Full Potential: Camden LGA, Wollondilly and Wingecarribee shires; Mission Australia: Liverpool LGA; ProActive Psychology Practice: Fairfield and Bankstown LGAs; and Sparrow Centre for Children: Campbelltown LGA.

In 2019-20, 1,036 distinct clients benefited from the services over 6,273 sessions.



You in Mind

You in Mind provides evidence based psychological therapies commensurable to a person's mental health needs. The program supports people living with low, moderate and high needs who have barriers in accessing the Medicare Better Access Scheme.

Services are delivered in a way that places the person at the centre of care and meets the unique needs of clients such as those living in semi-rural regions or those with culturally specific needs. In 2019-20, a total of 2,351 clients accessed the service for an average of 4.7 sessions.



A total of 11,733 hours of service were delivered, an increase from the previous year

In addition, SWSPHN will commission a new Peer Support Program as an adjunct to clinical services delivered by You in Mind.

Due to COVID-19, a virtual consultation and co-design process was conducted to design the service model.

This included a number of interviews, surveys, an online consumer and carer co-design workshop and a HealthChat Community e-Forum. The model is proposed to include hub/s of Consumer Peer Workers providing support to You in Mind consumers across the region.

No Wrong Door

The No Wrong Door Initiative brings together government, non-government and community managed organisations to reduce barriers and enhance supports for people living with severe and complex mental illness, as well as their carers and families. There are four key principles which underpin the initiative:

- Acknowledging that people with mental illness are entitled to human rights that inform all service delivery
- Acknowledging the barriers to social and service inclusion for people with severe and persistent mental illness with complex needs and that they will require extra resources and skills to ensure they do not fall through the gaps
- Using recovery-oriented practices
- Actively participate in creating an integrated and coordinated service system for people's mental health and recovery

The initiative builds the capacity of, and collaboration between services which engage with people with a severe mental illness.

There are currently 52 No Wrong Door organisations who have signed a Charter expressing their commitment to the No Wrong Door principles.



As part of the initiative Charter Signatory Organisations have access to an online Hub (Charter Organisation Service Hub or COSH) and Mental Health First Aid training. There are currently 300 staff registered for the COSH and 33 staff trained in Mental Health First Aid through the No Wrong Door Initiative.

On 4 September 2019, the Initiative hosted the Annual No Wrong Door Sector Collaboration Forum. The theme was Collaboration in the Changing Landscape, in response to the recent changes to Partners in Recovery, Day to Day Living and Personal Helpers and Mentors. The event also included a public launch of the SWS Connector Hub psychosocial support service. A total of 53 people attended the forum representing 24 different non-government, government and community managed organisations.



Our Experience Matters Committee

Our Experience Matters is SWSPHN's mental health reference group, made up of consumers and carers within the region with lived mental health experience. The eight-member advisory committee holds bi-monthly meetings to provide their opinions and advice on the design, implementation, evaluation and monitoring of locally tailored mental health services.

In 2019-2020, the committee contributed to a number of key mental health projects including participating in the Men's Suicide Prevention co-design sessions.

Members also provided feedback on the Continuing To Be Me program, an older person's mental health service operating in residential aged care facilities; the Peer Support Co-design, a peer support framework for our commissioned mental health services; PHN Co-Design Framework; and the Assisting Communities through Direct Connection project, being led by Community Mental Health Australia.

Our innovative projects on show at AGM showcase

SWSPHN's exciting and innovative projects improving health outcomes for the South Western Sydney community were on show during our AGM and Showcase at Campbelltown Catholic Club on 31 October 2019. Active Breed, iRAD, *South West Stories* and HealthChat were highlighted during the event which featured keynote speaker Lucy Brogden, chair of the National Mental Health Commission, and engaging health advocate Luke Escombe as MC.

Mrs Brogden talked about the challenges of caring for her husband who lives with suicidal ideation and her work with the commission, including successfully advocating for a National Children's Mental Health and Wellbeing Strategy. She also highlighted the importance of our working with the South Western Sydney Local Health District on the Regional Mental Health and Suicide Prevention.



Lucy Brogden praised SWSPHN saying it is known for its great capacity to engage with consumers and carers and does "some really great work when it comes to co-design"

A singer-songwriter, comedian, speaker, and creator of stand-up comedy show *Chronic*, Mr Escombe poked fun at himself, his condition and his medical treatment, and talked about his approach to living with Crohn's Disease. "Healthcare can't just be about eliminating illness it must also be about supporting the patient on their journey back to wellness," he said.

The showcase included a presentation on Active Breed by Canterbury Bankstown Bulldogs Community Manager Saree Boutros and Western Sydney University Senior Lecturer in Health and Physical Education Emma George. It also included screenings of a new video about project iRAD on ACHSM's Health Leader TV and a preview of the first season of *South West Stories*, our series of 12 videos looking at mental health in our region and the services we commission to support those affected.

The showcase was also an opportunity to acknowledge and thank SWSPHN's supportive partners, members and valued community whose collaboration has made many of our exciting initiatives possible.

A GOOD CORPORATE CITIZEN



97%

staff surveyed said the PHN was a 'truly great place to work'



13 million

steps towards 'September' via PHN's team effort to support cerebral palsy



57%

PHN staff trained in Mental Health First Aid



80

dedicated & passionate staff members make up the SWSPHN team

Corporate Citizenship

The SWSPHN workforce is made up of 80 hard-working and passionate people, delivering a diverse range of services across the region.

Our team is 70 per cent female and 30 per cent male. During the past 12 months we welcomed 20 new starters and farewellled seven colleagues. With a retention rate of 92 per cent, SWSPHN prides itself on creating and maintaining a friendly, supportive and flexible workplace culture that promotes high quality service delivery with opportunities for both personal and professional growth.

Health and Wellbeing Strategy

SWSPHN committed to promoting and protecting the health and wellbeing of our staff in 2019-20, launching a comprehensive workplace health and wellbeing strategy, with the overarching objectives to:

- Promote positive health and wellbeing
- Improve understanding of mental health
- Support employees living with mental health conditions
- Address risk related to poor health and wellbeing of staff

Following 12 months of implementation of a diverse range of initiatives, we have seen some truly impressive results thanks to the commitment of the project team and all of the staff who initiated and led activities for the benefit of their colleagues.

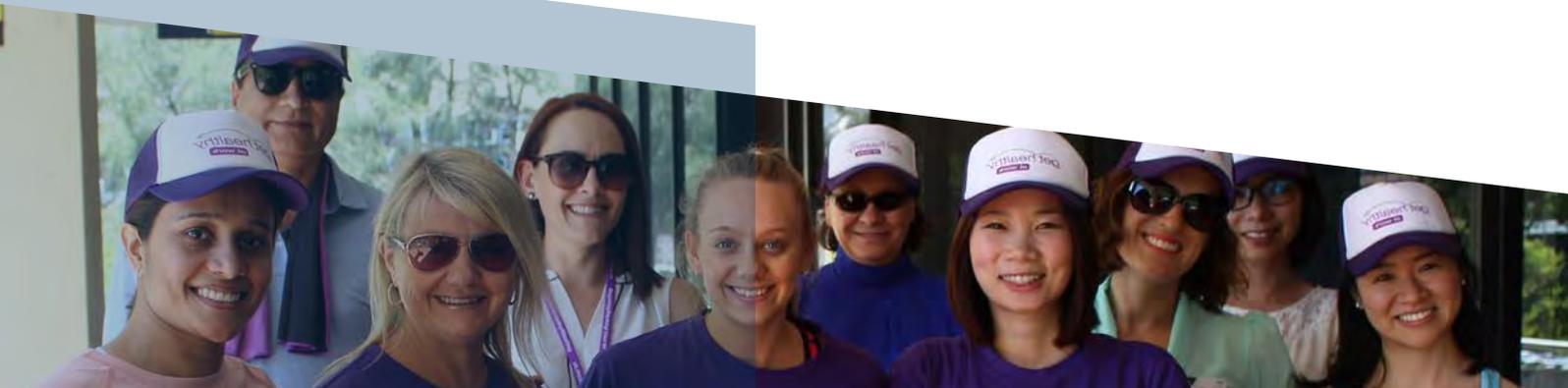
We have had significant improvements in:

- Absenteeism (reduced by 46 per cent)
- Workers compensation costs (zero)
- Employee retention rate (increased from 89.5 per cent to 92 per cent)
- Staff morale and engagement
- Training and development, including 57 per cent of staff trained in Mental Health First Aid
- Supporting policies, procedures and systems
- Sharing of health and wellness information
- Promoting awareness and access to a range of mental health supports
- Opportunities at work for greater physical activity and reduced sitting time such as lunch time exercise classes and September
- Mental Health Capability of the organisation (from Level 2 Intention to Level 4 Effective Implementation)



SWSPHN's approach to health promotion in the workplace was showcased at the launch of the NSW Government Get Healthy at Work 2.0 – Towards a physically and mentally healthy workplace, in Sydney in December 2019

Staff have engaged and valued the activities undertaken to improve their health and wellbeing at work, a place we spend a significant part of our lives. SWSPHN will continue to invest in workplace health and wellbeing, with another 12-month action plan underway and developed in consultation with staff.



Staff culture survey

SWSPHN continued to move in a positive direction – meeting the needs of staff and building a positive workplace culture in 2019-20. A survey in February found an impressive 97 per cent of survey respondents agreed SWSPHN is a truly great place to work.

Every two years SWSPHN holds an employee engagement survey, benchmarked against other PHNs across the country. With the major benchmarking survey completed in February 2019, SWSPHN held a midpoint engagement survey this year with a focus on personal wellbeing.

Results showed marked improvements in the following indicators:

- A truly great place to work
- My workplace is free from bullying
- My workplace is free from harassment
- I have a strong sense of being treated with respect
- I have a strong sense of feeling safe at work to be the person I am
- I have a strong sense of being supported to achieve my personal and professional goals
- I have a strong sense of being supported to look after myself



This financial year we have continued to focus on meeting the expectations of staff and maintaining a happy, healthy and productive workplace to ensure SWSPHN continues to be a great place to work



Staff Development Day

Staff at SWSPHN strive to live by our organisation's values of trust, empathy, courage, fairness, integrity and optimism and in 2019-20 participated in a number of fundraisers and activities to support our community.

Throughout the year we raised money for our 2019 corporate charity the Shining Stars Foundation, and got involved in Kind July, Steptember and Movember.



In addition to these activities, the SWSPHN staff development day at the Australian Botanic Garden, Mount Annan in August 2019 helped strengthen our commitment to our organisation's values with its focus on 'team building'.

On the day, staff heard from Kathi Boorman, CEO of One Door Mental Health, who spoke about the importance of teamwork and coming together to work for the common purpose of making an impact for our stakeholders. Our Chief Executive Officer, Dr Keith McDonald PhD, discussed our values and staff were given the opportunity to vote on what they considered the most important element of each value. We also got to know each other better through a speed dating-style session.

Our afternoon was made up of team building activities involving ropes, words, coded messages, photos and our charity team building activity – building bikes for children supported by the Shining Stars Foundation.

ISO certification

The SWSPHN team achieved ISO 9001 quality certification against international standards in December 2018. This year we maintained our quality certification, successfully completing the annual surveillance audit in November 2019. Only two minor nonconformities were identified by the external auditor, which created opportunities for improvement. Work on these nonconformities took place, progressed quickly and were completed within the first few months of the audit.

Demonstrating our commitment to continuous improvement, the ongoing certification affirms that we are building a robust quality management system encompassing our governance; policies and procedures; planning; reporting; operations; and communications.

Performance and development – a new approach to inspire and excel

Annual performance appraisals are a thing of the past here at SWSPHN!

This financial year SWSPHN employees designed and transformed its performance and development system into something innovative, employee-centric and based on best practice, in an effort to have an automated, effective and engaging approach.

This includes:

- Processes and tools that are simple to use and less time consuming
- Expectations and objectives that are clear, as well as being adaptable as changes occur, introducing quarterly goal setting and check-ins
- Direct links from individual performance objectives to broader company objectives, creating a greater sense of purpose and meaning
- Greater success, achievements, enjoyment and happiness
- Improved relationships and conversation quality with your Manager and peers
- Alignment to SWSPHN's values

Reconciliation Action Plan

2019–20 has seen SWSPHN grow and evolve culturally, both organisationally and personally. We have reflected on our knowledge and values and been able to gain a deeper understanding of our sphere of influence, advancing from scoping capacity for reconciliation to implementing reconciliation initiatives.

The Reflect Reconciliation Action Plan (RAP), our first RAP, was developed, implemented and finalised in early 2020. The RAP Working Group has been busy compiling content for the Innovate RAP, SWSPHN's second RAP which will be live for two years.



A result of the Reflect RAP and subsequent reporting to Reconciliation Australia, we identified key areas for our organisation to improve and this has now led to the development and implementation of the SWSPHN Aboriginal Engagement Strategy.

The strategy aims to achieve greater Indigenous participation in SWSPHN's planning, development and implementation of healthcare services.



This participation will ensure SWSPHN benefits from the insights that Aboriginal and Torres Strait Islander peoples can contribute via ongoing genuine and effective interaction and engagement

The strategy is in the early development phases and aims to be fully implemented across the organisation by March 2021.

Giving back

At SWSPHN we want to make a difference to our community – and that enthusiasm extends beyond our paid roles.

Shining Stars Foundation

In 2019 our biggest contribution was to our chosen corporate charity, the Shining Stars Foundation. The Shining Stars Foundation is a charity which does wonderful work in our region, providing mobile outreach to help rough sleepers and people less fortunate. It supports those in need or in desperate circumstances by providing blankets, hot meals, groceries, daily hygiene and daily living needs, and connecting them to multiple services in Macarthur and surrounding areas.

We raised funds through casual Fridays and other activities, as well as a collection of Christmas gifts and food hampers for Shining Stars to distribute, in addition to the donation of the bikes we built at our Staff Development Day.

Kind July

Kind July is inspired by Ralph and Kathy Kelly who sadly lost their sons Thomas and Stuart to homicide and suicide. It encourages more kindness in everyday life and promotes the prevention of harmful behaviour, like that linked to alcohol abuse, self-harm and suicide.

SWSPHN got behind the cause in 2019, with staff signing an electronic pledge on the Stay Kind website to create a kinder Australia. Staff were encouraged to take note of the acts of kindness they performed throughout the month of July by sticking those notes on a window in our office with the aim of inspiring other acts of kindness. A major act of kindness was performed by the daughter of one staff member who cooked staff breakfast in return for a donation to the World Wildlife Fund.



September

SWSPHN had 56 staff across 14 teams participate in the 2019 Steptember challenge.



The Steptember teams made an incredible 13,399,755 steps in four weeks and raised more than \$2,000

The annual awareness month and fundraiser is an opportunity for individuals, groups and workplaces across the country to increase their fitness levels, develop new healthy habits, have a great time with friends and workmates, and raise incredibly important funds.

The money raised funds vital equipment, therapy and services, or research into the prevention of and cure for cerebral palsy, a life-long condition which affects body movement, muscle control, coordination and tone, reflex, posture and balance.



November

Seven SWSPHN staff challenged themselves and grew some impressive mo's as part of Movember in November last year. Movember raises awareness and money for research and the treatment of a range of men's health issues, specifically prostate cancer, testicular cancer and men's mental health.

One brave staff member committed to get the ultimate mo, a mohawk, if his team managed to raise more than \$2,000 – an additional challenge which surely helped us surpass that fundraising target!

Wear Purple Day

In March 2020, our staff joined communities world-wide in recognising and celebrating International Women's Day – Sunday 8 March. We wore purple to show our support for gender equality.



It's in the Bag

Staff collected and donated 10 handbags and backpacks to Share the Dignity last November as part of the #ItsInTheBag campaign which aims to make Christmas a little brighter for women and girls who are homeless, at risk or experiencing domestic violence, with the donation of essentials like pads and tampons, personal hygiene products and some little luxuries.

The Smith Family

In June 2020, our Executive Team took SWSPHN's fundraising efforts for this year's corporate charity – The Smith Family – to new heights stepping up for a virtual mountain climb.

Our Executive Team put in a mighty effort over 10 days virtually reaching the summit of Mount Kosciuszko by climbing 557 flights of SWSPHN office stairs in just six days; reaching the dizzying virtual height of Mount Fuji – 944 flights of SWSPHN office stairs or the equivalent to 3,776m – in nine days; and on the back of those two feats, reaching the summit of Mount Kinabalu – 1,024 flights of SWSPHN office stairs or 4,095m – in just 10 days.



The virtual climb was our first major fundraiser for our 2020 corporate charity and all money raised will go to The Smith Family, a charity which helps disadvantaged children to get the most out of their education



FINANCIAL STATEMENTS

30 JUNE 2020

ABN 74 605 441 067

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

ABN 74 605 441 067

Annual financial report

For the period ended 30 June 2020

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SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

AN INCORPORATED HEALTH PROMOTION CHARITY, LIMITED BY GUARANTEE

CORPORATE INFORMATION

Our Vision

A lead organisation enabling an effective, innovative and integrated health system for South Western Sydney.

Our Mission

To enhance and connect primary health care so residents and patients achieve better health outcomes.

Our Service Standards Aim

To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location.

Directors as at 30 June 2020

Dr Matthew Gray (Chair)
Dr Anett Wegerhoff (Vice Chair)
Prof Rhonda Griffiths, AM
Dr Sayeed Khan
The Hon Craig Knowles, AM
Ms Amanda Larkin
Dr Vince Roche
Mr Mark Allen

Chief Executive Officer

Dr Keith McDonald

Company Secretary

Ms Kristen Anne Short

Australian Business Number (ABN)

74 605 441 067

Company registered office and principal place of business

Level 3, 1 Bolger Street, Campbelltown, NSW, 2560

Company contact details

Post: PO Box 90, Macarthur Square, NSW, 2560
Phone: 02 4632 3000
Fax: 02 4625 9466
Email: enquiries@swsphn.com.au
Website: www.swsphn.com.au

Auditors

BDH Audit & Assurance Pty Ltd, Level 12, 111 Elizabeth Street, Sydney, NSW 2000

Bankers

National Australia Bank Ltd, 255 George Street, Sydney, NSW 2000

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

DIRECTORS' REPORT

FOR THE PERIOD ENDED 30 JUNE 2020

Your Directors present this report to the members of South Western Sydney Primary Health Network Limited (SWSPHN) for the year ended 30 June 2020.

Principal Activities

The principal activity of the company South Western Sydney Primary Health Network Limited is health administration and commissioning by supporting general practitioners and other primary care providers to improve the health of their patients.

Short-term objectives

- A healthier community;
- An informed and empowered community;
- A better health system experienced by General Practitioners and primary care providers;
- An integrated health system that is fit for purpose; and
- Primary health care that demonstrates value.

To achieve these short-term objectives we will enable our team, through the development of systemic enablers including:

- continuous improvement supported by ISO9000 accreditation
- the development of robust operational systems
- Alignment of our work with the PHN National Priority areas
- Supporting high performance through reward and recognition, professional development and fostering a supportive, transparent and productive culture which is committed to service of our communities.

Long-term objectives

Within the next 5 years the SWSPHN will enhance and connect primary health care so residents and patients achieve better health outcomes. We will enable our team to deliver strategic initiatives that address stakeholder needs in an effective and trusted way through transformative capacity building of primary care; ambitious integration with key partners; and intelligent commissioning of services. Planned activities include maturation of a robust, secure business intelligence framework; moving progressively towards outcome-based commissioning; further evolution of integrated place-based initiatives through formal health alliance agreements with local government and state-based agencies; implementing an evidence-based model of coordinated care for patients with chronic disease through co-commissioning and data linkage initiatives with the SWSLHD; and progressive adoption by practices of real-time interoperable clinical ICT solutions.

Review of operations

During 2019/2020, the company continued to focus on supporting its stakeholders and all primary care providers to improve the health of our South Western Sydney community.

Performance Measurement

Performance is measured against delivering to our 5 strategic goals and the funding is primarily received from the Commonwealth Department of Health. SWSPHN in its fifth year of operations performed well against these criteria.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

DIRECTORS' REPORT (continued)

Results

For the year ended 30 June 2020, the company's surplus was \$136,198 (year ended 30 June 2019, \$35,065).

Dividend

As a Health Promotion Charity, SWSPHN is prohibited by its Constitution from declaring or paying dividends. Accordingly, no dividends were paid during the year and no recommendation is made to declare a dividend.

Directors

The names of each person who has been a director during the year and to the date of this report are:

Director	Date appointed	Board Meetings	
		A	B
Dr Matthew Gray	23 April 2015	6	6
Dr Anett Wegerhoff	23 April 2015	6	5
Dr Sayeed Khan	23 April 2015	6	5
Ms Amanda Larkin	23 April 2015	6	6
Professor Rhonda Griffiths	23 April 2015	6	6
The Hon Craig Knowles	23 April 2015	6	5
Dr Vince Roche	23 April 2015	6	6
Mr Mark Allen	28 May 2015	6	5

A – Number of meetings eligible to attend

B – Number of meetings attended

Mr Darryl Wright – Resigned 29 August 2019

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Directors' Qualifications, Experience & Special Responsibilities

Name	Qualifications	Experience	Special Responsibilities
Dr Matthew Gray	B.Med (Newcastle), B.Ec, FRACGP and FAICD	General Practitioner in Elderslie; Board Member, MDGP Inc (2003-06); Board Member and Chair, MDGP Ltd (2006-11); Board Member and Chair, SSWGPL Ltd (2011-12); Board Member, SWSLHD (2013-current); Member, AMA (NSW) Council (2013-2017); Fellow, Australian Institute of Company Directors.	SWSPHN Board Chair (2015–current); Member, SWSPHN Clinical Council; Member, SWSPHN Governance Committee
Dr Anett Wegerhoff	MBBS, DRANZCOG, FRACGP, and GAICD	General Practitioner in Camden; Board Member, MDGP Inc (1996-2006); Board Member, MDGP Ltd; SWSPHN Board Vice Chair (2015- current), Vice-Chair, SSWGPL Ltd (2011-12); Member, Acute Care Taskforce Executive, NSW Agency for Clinical Innovation; Graduate, Australian Institute of Company Directors.	Member, SWSPHN Audit and Risk Management Committee; Chair, SWS Integrated Care Committee.
Dr Vince Roche	Associate Professor, MBBS, DCH, DRCOG, DRANZCOG, FRACGP, FACRRM	General Practitioner in Southern Highlands; Chair, Southern Highlands Division of General Practice (1994-1999, 2006-current); Board Member, 2001 – 2016: GPET (General Practice Education and Training) Supervisor, Member, Board of Coast City Country GP Training (2007-2016); Visiting Medical Officer, Corrections Health Service (1993-1999); Clinical Associate Professor, University of Wollongong (2011-current)	Chair, SWSPHN, Audit and Risk Management Committee; Member Clinical Council
Dr Sayeed Khan	MBBS (University of Karachi, Pakistan), GAICD	General Practitioner in Hammondville; Board Member, MDGP Ltd (2010-11); Board Member, SSWGPL Ltd (2011 to date); Board Member, GP Synergy (2014-2017); Board Member, Australian Medical Cooperative Ltd; Conjoint lecturer at University of Western Sydney; Graduate, Australian Institute of Company Directors.	Member, SWSPHN Governance Committee; Member, SWSPHN Clinical Council; Member, SWS Integrated Care Committee;
Ms Amanda Larkin	Bachelor of Social Work; Associate Diploma Environmental Planning	Chief Executive, South Western Sydney Local Health District; Previous General Manager positions in Bowral, Campbelltown and Camden Hospitals; Board Member, SWSPHN (2015-current); Member, Ingham Institute for Applied Medical Research Board; Member, UNSW Centre for Primary Care and Equity Advisory Committee.	Member, SWSPHN Audit and Risk Management Committee

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Name	Qualifications	Experience	Special Responsibilities
Professor Rhonda Griffiths AM	RN, RM, B.Ed, MSc (Hons), PHD	Emeritus Professor – School of Nursing and Midwifery, University of Western Sydney, Head of School and Dean 2007-2016; Director, Carrington Centennial Care Pty Ltd (2008-2018); Director, Australian Diabetes Council (1999-2010) (Vice President, 2000-05); Member, Diabetes Australia National Council (1992-99), (Vice President, 1994-96); Member, Australian Diabetes Educators National Council (1990-96) (National President, 1992-94).	Member, Community Advisory Committee
The Hon Craig Knowles AM	Fellow of the Australian Property Institute in both Land Evaluation and Land Economy and CPV	Member of NSW Legislative Assembly 1990-2005, holding positions of Minister Urban Affairs and Planning (1995-99), Minister for Health (1999-2003) and Minister for Infrastructure and Planning and Minister for Natural Resources (2003-05). Various Commercial and NFP Boards. Australian Consul General and Senior Trade Commissioner (New Zealand and Pacific).	Chair, SWSPHN Governance Committee, Consul General and Senior Trade Commissioner
Mr Mark Allen	Diploma of Law (Solicitors Admission Board)	Lawyer, Aperion Law	Member, SWSPHN Audit and Risk Committee

Company Secretary

Ms Kristen Anne Short is the Company Secretary. Ms Short has a Master of Business and Technology and has held senior positions with Hunter New England Central Coast Primary Health Network and in both the financial services and technology industries. Kristen has also completed The Board and the Company Secretary course with the Australian Institute of Company Directors.

Transactions with Directors

No Director has received or become entitled to receive, during or since the end of the financial year, any other benefit because of a contract made by the company or a related body corporate with the director, a firm of which a director is a member, or an entity in which a director has a substantial financial interest, except as disclosed in note 11 to the financial statements. This statement excludes a benefit included in the aggregate amount of emoluments received or due and receivable by directors shown in the accounts of the company.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Transactions with Directors (continued)

The Directors have declared interests in contracts with SWSPHN that the organisations they represent, deal with SWSPHN in the ordinary course of business, by disclosing their interest before or at the first Board meeting after the director became so interested.

Indemnification and insurance of officers

During the year, SWSPHN paid premiums for professional indemnity and directors' and officers' liability insurance for its Directors and Officers against claims arising from, or by reason of, any wrongful act committed by them in their capacity as Directors and Officers. This does not include such liabilities that arise from conduct involving a lack of good faith.

The nature of the insurance contract providing this cover does not allow the company to disclose either the extent of the cover or the premium paid.

Member's Guarantee

The company is incorporated under *the Corporations Act 2001* and is a company limited by guarantee. In the event of the company being wound up, the constitution states that each member is required to contribute a fee towards SWSPHN.

As at 30 June 2020, there were 8 members of SWSPHN, meaning the aggregate amount that the members of the company would be liable to contribute in the event of the company being wound up is \$80.

Proceedings on behalf of the company

No person has applied to the Court under section 237 of *the Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought, or intervened in, on behalf of the company with leave of the court under section 237 of *the Corporations Act 2001*.

Environmental Regulation

The company's operations are not regulated by any particular and significant environmental regulation under a law of the Commonwealth, or of a State or Territory.

Significant changes

The company renewed ISO certification in November 2019. The certification confirms that the company operates a Quality Management System which complies with ISO 9001.2015 for the provision of functions and services to support health care providers and related organisations across the South Western Sydney Primary Health Network catchment areas through strategic planning, commissioning services, supporting general practices and other health care providers and supporting integration of local health care services.

The Company remains a key commissioner of health services which meet population need including mental health, drug and alcohol and chronic disease services. Investment in GP capacity building and support remains significant. The strategic plan was reviewed and remains fit for purpose.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Significant changes (continued)

In June 2020 the company executed an unincorporated joint venture with the South Western Sydney Local Health District (SWSLHD) to jointly invest in the implementation of a 'medical neighbourhood' model of care ('My Care Partners'). This is intended to be a sentinel integrated care project for the region, aiming to reduce levels of potentially preventable hospitalisations for a risk-rated register of identified patients.

The onset of the COVID-19 pandemic in Australia since late January 2020 has necessitated ongoing adjustments to the company operations and implementation of risk mitigation strategies. This includes increased monitoring of commissioned supplier responses, implementation of a joint COVID-19 pandemic action plan with the SWSLHD to reduce infection rates in the region and adoption of a 3-stage COVIDsafe workplace plan.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012 is set out on page 9.

Directors' signatures

Signed in accordance with a resolution of the Board of Directors made pursuant to s.298 (2) of *the Corporations Act 2001*.

On behalf of the Directors:

Chairperson


.....
Dr Matthew Gray

Director


.....
Dr Vince Roche

Dated 27 August 2020



Auditor's independence declaration

To the Directors of South Western Sydney Primary Health Network Limited

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-Profits Commission Act 2012*, as lead auditor for the audit of South Western Sydney Primary Health Network Limited for the period ended 30 June 2020, I declare that, to the best of my knowledge and belief, there have been:

- a. No contraventions of the auditor independence requirements of the *Section 60-40 of the Australian Charities and Not-for-Profits Commission Act 2012* in relation to the audit; and
- b. No contraventions of any applicable code of professional conduct in relation to the audit

BDH Audit & Assurance Pty Limited

A handwritten signature in black ink, appearing to read "Gede Barone", written over a light blue horizontal line.

Gede Barone
Director

Dated 27 August 2020
Sydney

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Profit or Loss and Other Comprehensive Income For the year ended 30 June 2020

	Note	2020 \$	2019 \$
Revenue from grants	2(a)	33,649,223	25,324,452
Other revenue	2(b)	555,751	783,537
		34,204,974	26,107,989
Total revenue			
Employee benefit expense	8(a)	6,520,330	5,588,435
Finance costs		11,990	11,695
Occupancy costs		316,145	297,300
Contractors		26,056,227	19,254,642
Training & conferences		326,231	299,015
Other expenses		837,853	621,837
		136,198	35,065
Surplus before income tax expense			
Income tax benefit / (expense)	1(o)	–	–
		136,198	35,065
Net Surplus for the year			
Other Comprehensive Income for the year		–	–
		136,198	35,065
Total Comprehensive Income for the year		136,198	35,065

The Statement of Profit or Loss and Other Comprehensive Income is to be read in conjunction with the notes to the financial statements set out on pages 14 to 32.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Financial Position As at 30 June 2020

	Note	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	3	19,064,075	21,854,487
Trade and other receivables	4	704,894	13,444
Other current assets	5	299,810	321,061
Total current assets		<u>20,068,779</u>	<u>22,188,992</u>
Non-current assets			
Property, plant and equipment	6	283,698	-
Total non-current assets		<u>283,698</u>	<u>-</u>
Total assets		<u>20,352,477</u>	<u>22,188,992</u>
Current liabilities			
Trade and other payables	7	4,132,556	5,663,143
Provisions	8	619,530	479,087
Other liabilities	9	14,845,118	15,725,030
Lease liability	10	253,362	-
Total current liabilities		<u>19,850,566</u>	<u>21,867,260</u>
Non-current liabilities			
Provisions	8	121,007	109,202
Lease liability	10	41,178	-
Total non-current liabilities		<u>162,185</u>	<u>109,202</u>
Total liabilities		<u>20,012,751</u>	<u>21,976,462</u>
Net assets		<u>339,726</u>	<u>212,530</u>
Equity			
Retained surpluses		<u>339,726</u>	<u>212,530</u>
Total equity		<u>339,726</u>	<u>212,530</u>

The Statement of Financial Position is to be read in conjunction with the notes to the financial statements set out on pages 14 to 32.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Changes in Equity For the year ended 30 June 2020

	Retained surpluses \$
Balance at 1 July 2018	<u>177,465</u>
Net surplus for the year	35,065
Other comprehensive Income for the year	<u>-</u>
Total comprehensive Income for the year	35,065
Balance at 30 June 2019	<u>212,530</u>

	Retained surpluses \$
Balance at 1 July 2019	212,530
Change in accounting policy – AASB 16 Leases	(9,002)
Net surplus for the year	136,198
Other comprehensive Income for the year	<u>-</u>
Total comprehensive Income for the year	136,198
Balance at 30 June 2020	<u>339,726</u>

The Statement in Changes in Equity are to be read in conjunction with the notes to the financial statements set out on pages 14 to 32.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Statement of Cash Flows For the year ended 30 June 2020

	Note	2020 \$	2019 \$
Cash flows from operating activities			
Receipts from grants and other receipts (inclusive of GST)		35,484,901	29,792,549
Payments to suppliers and employees (inclusive of GST)		(38,409,578)	(29,405,970)
Interest received		437,469	688,014
		<hr/>	<hr/>
Net cash (used in) / provided by operating activities	16	(2,487,208)	1,074,593
		<hr/>	<hr/>
Cash flows from investing activities			
Payments for property, plant & equipment		(60,532)	(34,364)
		<hr/>	<hr/>
Net cash used in investing activities		(60,532)	(34,364)
		<hr/>	<hr/>
Cash flows from financing activities			
Principle elements of lease payments		(242,672)	
Net cash (used in) / provided by financing activities		(242,672)	-
		<hr/>	<hr/>
Net (decrease) / increase in cash and cash equivalents		(2,790,412)	1,040,229
		<hr/>	<hr/>
Cash and cash equivalents at beginning of the year	16	21,854,487	20,814,258
		<hr/>	<hr/>
Cash and cash equivalents at end of the year	3	19,064,075	21,854,487
		<hr/>	<hr/>

The Statement of Cash Flows is to be read in conjunction with the notes to the financial statements set out on pages 14 to 32.

Notes to the financial statements for the year ended 30 June 2020

1 Statement of significant accounting policies

General information and statement of compliance

The financial statements of the company are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Reduced Disclosure Requirements and the Australian Charities and Not-for-Profits Commission Act 2012, Australian Accounting Standards and other authoritative pronouncements of the Australian Accounting Standards Board. South Western Sydney Primary Health Network Limited is a not-for-profit Company for the purpose of preparing the financial statements.

South Western Sydney Primary Health Network "SWSPHN" Limited is a public company limited by guarantee incorporated on 23 April 2015 and domiciled in Australia. The address of its registered office and its principal place of business is Level 3, 1 Bolger Street Campbelltown NSW, Australia.

The financial statements for the period ended 30 June 2020 were approved and authorised for issue by the Board of Directors on 27th August 2020. All amounts are in Australian dollars.

(a) Economic dependency

SWSPHN is dependent on the Department of Health for the majority of its revenue used to operate the business.

(b) Revenue

Grant revenue is recognised in the statement of profit and loss when the Company obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the Company and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Company incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

Except where noted, all revenue is stated net of the amount of goods and services tax (GST).

Notes to the financial statements for the year ended 30 June 2020

1 Statement of significant accounting policies (continued)

(c) Operating Expenses

Operating expenses are recognised in profit or loss upon utilisation of the service or at the date of their origin.

(d) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment

Plant and equipment are measured using the cost basis. The carrying amount of plant and equipment is reviewed annually by the directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets employment and subsequent disposal.

Depreciation

The depreciable amount of all fixed assets is depreciated on a straight line basis over their useful lives to the company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

<i>Class of Fixed Asset</i>	<i>Depreciation rate</i>
Plant and equipment	20-25%

The asset's residual value and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

An asset's carrying value is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing the proceeds with the carrying amount. These gains and losses are included in the income statement.

(e) Leases and Right-of-use assets

The company leases its current office and a number of office equipment. Rental contracts are typically made for fixed period of 3 years but may have an extension option. The extension option is exercisable by the Company and provides operational flexibility in managing contracts.

Until the 2019 financial year, leases of property, plant and equipment were classified as either finance or operating leases. Payments made under operating leases (net of any incentives received from the lessor) were charged to profit or loss on a straight-line basis over the period of the lease.

Notes to the financial statements for the year ended 30 June 2020

(e) Leases and Right-of-use assets (continued)

From 1 July 2019, leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the group. Each lease payment is allocated between the liability and finance cost. The finance cost is charged to profit or loss over the lease period so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. The right-of-use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight-line basis

Assets and liabilities arising from a lease are initially measured on a present value basis. Lease liabilities include the net present value of the following lease payments:

- fixed payments (including in-substance fixed payments), less any lease incentives receivable
- variable lease payment that are based on an index or a rate
- amounts expected to be payable by the lessee under residual value guarantees
- the exercise price of a purchase option if the lessee is reasonably certain to exercise that option, and
- payments of penalties for terminating the lease, if the lease term reflects the lessee exercising that option.

Payments associated with short-term leases and leases of low-value assets are recognised on a straight-line basis as an expense in profit or loss. Short-term leases are leases with a lease term of 12 months or less.

(f) Financial instruments

Recognition, initial measurement and derecognition

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument, and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are measured initially at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement of financial assets

Except for those trade receivables that do not contain a significant financing component and are measured at the transaction price, all financial assets are initially measured at fair value adjusted for transaction costs (where applicable)

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- amortised cost
- fair value through profit or loss (FVPL)
- equity instruments at fair value through other comprehensive income (FVOCI)

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables which is presented within other expenses.

Notes to the financial statements for the year ended 30 June 2020

(f) Financial Instruments (continued)

Classifications are determined by both:

- The entities business model for managing the financial asset
- The contractual cash flow characteristics of the financial assets

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs, finance income or other financial items, except for impairment of trade receivables, which is presented within other expenses.

Subsequent measurement financial assets

Financial assets at amortised cost

Financial assets are measured at amortised cost if the assets meet the following conditions (and are not designated as FVPL):

- they are held within a business model whose objective is to hold the financial assets and collect its contractual cash flows
- the contractual terms of the financial assets give rise to cash flows that are solely payments of principal and interest on the principal amount outstanding

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. The Company's cash and cash equivalents, trade and most other receivables fall into this category of financial instruments as well as long-term deposit that were previously classified as held-to-maturity under AASB 139.

Financial assets at fair value through profit or loss (FVPL)

Financial assets that are held within a different business model other than 'hold to collect' or 'hold to collect and sell' are categorised at fair value through profit and loss. Further, irrespective of business model financial assets whose contractual cash flows are not solely payments of principal and interest are accounted for at FVPL. All derivative financial instruments fall into this category, except for those designated and effective as hedging instruments, for which the hedge accounting requirements apply (see below).

Equity instruments at fair value through other comprehensive income (Equity FVOCI)

Investments in equity instruments that are not held for trading are eligible for an irrevocable election at inception to be measured at FVOCI. Under Equity FVOCI, subsequent movements in fair value are recognised in other comprehensive income and are never reclassified to profit or loss. Dividends from these investments continue to be recorded as other income within the profit or loss unless the dividend clearly represents return of capital.

Impairment of Financial assets

AASB 9's impairment requirements use more forward looking information to recognise expected credit losses - the 'expected credit losses (ECL) model'. Instruments within the scope of the new requirements included loans and other debt-type financial assets measured at amortised cost and FVOCI, trade receivables and loan commitments and some financial guarantee contracts (for the issuer) that are not measured at fair value through profit or loss.

Notes to the financial statements for the year ended 30 June 2020

(f) Financial Instruments (continued)

The Company considers a broader range of information when assessing credit risk and measuring expected credit losses, including past events, current conditions, reasonable and supportable forecasts that affect the expected collectability of the future cash flows of the instrument.

In applying this forward-looking approach, a distinction is made between:

- financial instruments that have not deteriorated significantly in credit quality since initial recognition or that have low credit risk ('Stage 1') and
- financial instruments that have deteriorated significantly in credit quality since initial recognition and whose credit risk is not low ('Stage 2').

'Stage 3' would cover financial assets that have objective evidence of impairment at the reporting date.

'12-month expected credit losses' are recognised for the first category while 'lifetime expected credit losses' are recognised for the second category.

Measurement of the expected credit losses is determined by a probability-weighted estimate of credit losses over the expected life of the financial instrument.

Trade and other receivables

The Company makes use of a simplified approach in accounting for trade and other receivables and records the loss allowance at the amount equal to the expected lifetime credit losses. In using this practical expedient, the Company uses its historical experience, external indicators and forward-looking information to calculate the expected credit losses using a provision matrix.

The Company assesses impairment of trade receivables on a collective basis as they possess credit risk characteristics based on the days past due. The Company allows 1% for amounts that are 30 to 60 days past due, 1.5% for amounts that are between 60 and 90 days past due and writes off fully any amounts that are more than 90 days past due.

Classification and measurement of financial liabilities

As the accounting for financial liabilities remains largely unchanged from AASB 139, the Company's financial liabilities were not impacted by the adoption of AASB 9. However, for completeness, the accounting policy is disclosed below.

The Company's financial liabilities include borrowings and trade and other payables.

Financial liabilities are initially measured at fair value, and, where applicable, adjusted for transaction costs unless the Company designated a financial liability at fair value through profit or loss.

Subsequently, financial liabilities are measured at amortised cost using the effective interest method except for derivatives and financial liabilities designated at FVPL, which are carried subsequently at fair value with gains or losses recognised in profit or loss (other than derivative financial instruments that are designated and effective as hedging instruments).

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income.

Notes to the financial statements for the year ended 30 June 2020

(f) Financial Instruments (continued)

Accounts policy applicable to comparative period (30 June 2019)

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the Company becomes a party to the contractual provisions of the financial instrument and are measured initially at fair value adjusted by transactions costs, except for those carried at fair value through profit or loss, which are initially measured at fair value. Subsequent measurement of financial assets and financial liabilities are described below.

Financial assets are derecognised when the contractual rights to the cash flows from the financial asset expire, or when the financial asset and all substantial risks and rewards are transferred. A financial liability is derecognised when it is extinguished, discharged, cancelled or expires.

Classification and subsequent measurement

For the purpose of subsequent measurement, financial assets other than those designated and effective as hedging instruments are classified into the following categories upon initial recognition:

- loans and receivables
- financial assets at Fair Value Through Profit or Loss (FVTPL)
- Held-To-Maturity (HTM) investments
- Available-For-Sale (AFS) financial assets

The category determines subsequent measurement and whether any resulting income and expense is recognised in profit or loss or in other comprehensive income.

All financial assets except for those at FVTPL are subject to review for impairment at least at each reporting date to identify whether there is any objective evidence that a financial asset or a group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

All income and expenses relating to financial assets that are recognised in profit or loss are presented within finance costs or finance income, except for impairment of trade receivables which is presented within other expenses.

Notes to the financial statements for the year ended 30 June 2020

(f) Financial Instruments (continued)

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less provision for impairment. Discounting is omitted where the effect of discounting is immaterial. The Company's trade and most other receivables fall into this category of financial instruments.

Individually significant receivables are considered for impairment when they are past due or when other objective evidence is received that a specific counterparty will default. Receivables that are not considered to be individually impaired are reviewed for impairment in groups, which are determined by reference to the industry and region of a counterparty and other shared credit risk characteristics.

The impairment loss estimate is then based on recent historical counterparty default rates for each identified group.

Classification and subsequent measurement of financial liabilities

The Company's financial liabilities include borrowings and trade and other payable.

Financial liabilities are measured subsequently at amortised cost using the effective interest method, except for financial liabilities held for trading or designated at FVTPL, that are carried subsequently at fair value with gains or losses recognised in profit or loss.

All interest-related charges and, if applicable, changes in an instrument's fair value that are reported in profit or loss are included within finance costs or finance income

(g) Impairment of assets

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use (determined as the depreciated replacement cost), is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives. Where it is not possible to estimate the recoverable amount of an individual asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

(h) Employee benefits

Short-term employee benefits

Short-term employee benefits are benefits, other than termination benefits, that are expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. Short-term employee benefits are measured at the undiscounted amounts expected to be paid when the liabilities are settled.

Notes to the financial statements for the year ended 30 June 2020

(h) Employee benefits (continued)

Long-term employee benefits

The Company's liabilities for long service leave are included in other long-term benefits as they are not expected to be settled wholly within twelve (12) months after the end of the period in which the employees render the related service. They are measured at the present value of the expected future payments to be made to employees. The expected future payments incorporate anticipated future wage and salary levels, experience of employee departures and periods of service, and are discounted at rates determined by reference to market yields at the end of the reporting period on high quality government bonds that have maturity dates that approximate the timing of the estimated future cash outflows. Any re-measurements arising from experience adjustments and changes in assumptions are recognised in profit or loss in the periods in which the changes occur.

The Company presents employee benefit obligations as current liabilities in the statement of financial position if the Company does not have an unconditional right to defer settlement for at least twelve (12) months after the reporting period, irrespective of when the actual settlement is expected to take place.

(i) Provisions, contingent liabilities and contingent assets

Provisions are measured at the estimated expenditure required to settle the present obligation, based on the most reliable evidence available at the reporting date, including the risks and uncertainties associated with the present obligation. Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. Provisions are discounted to their present values, where the time value of money is material.

No liability is recognised if an outflow of economic resources as a result of present obligation is not probable. Such situations are disclosed as contingent liabilities, unless the outflow of resources is remote in which case no liability is recognised.

(j) Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits at call with banks, other short-term highly liquid investments with original maturities of six months or less, and bank overdrafts.

(k) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash flows are presented in the statement of cash flows on a gross basis, except for the GST components of investing and financing activities, which are disclosed as operating cash flows.

Notes to the financial statements for the year ended 30 June 2020

(l) Grants in advance

The Company receives grant monies to fund projects either for contracted periods of time or for specific projects irrespective of the period of time required to complete those projects. It is the policy of the Company to treat grant monies as grants in advance in the balance sheet where the Company is contractually obliged to provide the services in a subsequent financial period to when the grant is received or in the case of specific project grants where the project has not been completed.

(m) Deferred income

The liability for deferred income is the unutilised amounts of grants received on the condition that specified services are delivered or conditions are fulfilled. The services are usually provided or the conditions usually fulfilled within twelve (12) months of receipt of the grant. Where the amount received is in respect of services to be provided over a period that exceeds twelve (12) months after the reporting date or the conditions will only be satisfied more than twelve (12) months after the reporting date, the liability is discounted and presented as non-current.

(n) Trade and other payables

Trade and other payables represent the liability at the end of the reporting period for goods and services received by the company during the reporting period, which remain unpaid.

(o) Income tax

The Company is exempt from income tax under Division 50 of the Income Tax Assessment Act 1997.

(p) Critical accounting estimates and judgements

The directors evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company. Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

Impairment

In assessing impairment, management estimates the recoverable amount of each asset or cash generating units based on expected future cash flows and uses an interest rate to discount them. Estimation uncertainty relates to assumptions about future operating results and the determination of a suitable discount rate.

Useful lives of depreciable assets

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain software and IT equipment.

Long Service Leave

The liability for long service leave is recognised and measured at the present value of the estimated cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Notes to the financial statements for the year ended 30 June 2020

(p) Critical accounting estimates and judgements (continued)

Leases

The lease liability is recognised and measured at the present value of the estimated cash flows to be made in respect of monthly lease payments. In determining the present value of the liability the Company has estimated the incremental borrowing based on government bond rates.

(q) Comparative figures

Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation in the current year.

(r) New and revised standards that are effective for these financial statements

A number of new and revised standards became effective for the first time to annual periods beginning on or after 1 July 2019. Information on the more significant standards is presented below.

AASB 15 Revenue from contracts with customers

The revised AASB 15 requires that in cases where there is an 'enforceable' contract with a customer with 'sufficiently specific' performance obligations, the transaction should be accounted for under AASB 15 where income is recognised when (or as) the performance obligations are satisfied as opposed to immediate recognition.

The adoption of this standard did not have an impact on the financial affairs of the company as its existing accounting policies recognise grant revenue when performance obligations are satisfied.

AASB 16 Leases

In the current year, the Company has applied AASB 16 Leases, which is effective for annual periods that begin on or after 1 January 2019. AASB 16 introduces new or amended requirements with respect to lease accounting. It introduces significant changes to lessee accounting by removing the distinction between operating and finance lease and requiring the recognition of a right-of-use asset and a lease liability at commencement for all leases, except for short-term leases and leases of low value assets. In contrast to lessee accounting, the requirements for lessor accounting have remained largely unchanged. Details of these new requirements are described in note 1 (e). The impact of the adoption of AASB 16 on the Company's financial statements is described below.

The Company has adopted AASB 16 from 1 July 2019 and has not restated comparatives for the 2019 reporting period as permitted under the specific transition provisions of the standard. The reclassification and the adjustments arising from the new leasing rules are therefore recognised in the opening balance sheet on 1 July 2019.

Notes to the financial statements for the year ended 30 June 2020

(r) New and revised standards that are effective for these financial statements

AASB 16 Leases (continued)

On adoption of AASB 16, the Company recognised lease liabilities in relation to leases which had previously been classified as 'operating leases' under the principles of AASB117 Leases. These liabilities were measured at the present value of the remaining lease payments, discounted using the lessee's incremental borrowing rate as of 1 July 2019. The incremental borrowing rate applied to the lease liabilities on 1 July 2019 was 1.42%

Operating lease commitments disclosed as at 30 June 2019	527,451
Discounted using the incremental borrowing rate as at the date of initial application and lease liability recognised as at 1 July 2019	537,212
Represented by:	
Current lease liabilities	242,672
Non-current lease liabilities	294,540
	537,212

The associated right-of-use assets for property and equipment leases were measured on a retrospective basis as if the new rules had always applied.

The recognised right-of-use assets relate to the following types of assets:

	30 June 2020	1 July 2019
Property	283,698	509,424
Equipment	9,393	18,786
	293,091	528,210

The change in accounting policy affected the following items in the balance sheet on 1 July 2019.

- right-of-use assets – increase by \$528,210
- lease liability – increase by \$537,212

The net impact on retained earnings on 1 July 2019 was a decrease of \$9,002.

Accounting Standards issued but not yet effective and not adopted early by the Company.

At the date of signing of the financial statements, the following AASB Standards and AASB Interpretations were also in issue but not yet effective.

Standard/Interpretation	Effective for annual reporting periods beginning on or after	Expected to be initially applied in the financial year ending
AASB 1060 General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities	1 July 2021	30 June 2022

The potential effect of the revised Standards/Interpretations on the company's financial statements has not yet been determined.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statements for the year ended 30 June 2020

	2020 \$	2019 \$
2 Surplus before Income Tax		
(a) Revenue from grants		
State & federal grants	32,662,221	24,954,584
Other organisations	987,002	369,868
	<u>33,649,223</u>	<u>25,324,452</u>
(b) Other Income		
Donations	22,941	22,431
Interest	437,469	688,014
Other	95,341	73,092
	<u>555,751</u>	<u>783,537</u>
	<u>34,204,974</u>	<u>26,107,989</u>
3 Cash and cash equivalents		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled in the Statement of Financial position as follows:		
Cash on hand	-	1,000
Cash at bank	5,801,545	5,474,323
Short term deposits	13,262,530	16,379,164
	<u>19,064,075</u>	<u>21,854,487</u>
4 Trade and other receivables		
Current trade receivables	704,894	13,444
Provision for impairment of receivables	-	-
	<u>704,894</u>	<u>13,444</u>
Trade receivables	704,894	13,444
Other receivables	-	-
	<u>704,894</u>	<u>13,444</u>

Current trade receivables are non-interest bearing. A provision for impairment is recognised when there is objective evidence that an individual trade receivable is impaired. No impairment was required at 30 June 2020 (30 June 2019 - \$0).

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statements for the year ended 30 June 2020

	2020 \$	2019 \$
5 Other current assets		
Prepayments	278,345	295,621
Accrued income	21,465	25,440
	299,810	321,061
 6 Property, plant & equipment		
Plant and equipment – at cost as at beginning of the year	265,994	231,630
Additions at cost	60,531	34,364
Disposals	-	-
Total Plant and equipment at cost	326,525	265,994
Less: Accumulated depreciation	(326,525)	(265,994)
Carrying amount at the end of the year	-	-
 Right-of-use assets *		
Right-of-use assets – at cost as at beginning of the year	528,210	-
Less: Accumulated amortisation	(244,512)	-
Carrying amount at the end of the year	283,698	-
 Total Property, plant & equipment at the end of the year	283,698	-
 <i>* Refer to Note 1 (r) regarding the adoption of AASB 16 and associated creation of the right-of- use asset.</i>		
 7 Trade and other payables		
Trade payables	669,779	190,436
Other creditors and accruals	3,462,777	5,472,707
	4,132,556	5,663,143

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statements for the year ended 30 June 2020

8 Provisions for employee benefits

The liabilities recognised for employee benefits consist of the following amounts:

Current

Annual leave	421,111	350,439
Long service leave	198,419	128,648
	<u>619,530</u>	<u>479,087</u>

Non Current

Long service leave	<u>121,007</u>	<u>109,202</u>
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8(a) Employee benefits expense

Expenses recognised for employee benefits are analysed below:

Wages, salaries	5,446,244	4,546,717
Workers compensation insurance	25,185	34,726
Superannuation	533,319	451,771
Employee benefits provisions	515,582	555,221
Employee benefits expense	<u>6,520,330</u>	<u>5,588,435</u>

9 Other liabilities

Deferred income	14,845,118	14,096,614
Grants in advance	-	1,628,416
	<u>14,845,118</u>	<u>15,725,030</u>

Deferred income consists of government grants received for services to be rendered by the Company.

Deferred income and grants in advance are amortised over the life of the contract.

Notes to the financial statements for the year ended 30 June 2020

	2020 \$	2019 \$
10 Lease liabilities		
Maturity analysis – contractual undiscounted cash flows		-
Less than one year	256,308	-
One to five years	21,244	-
Total undiscounted lease liabilities at end of the year	277,552	-
Lease liabilities included in the statement of financial position at the end of the year	294,540	-
Current	253,362	-
Non- Current	41,178	-

The adoption of the accounting standard AASB 16 has resulted in the requirement to take up the Company's operating leases in the statement of financial position. Refer Note 1 (r).

11 Key management personnel & related parties

The key management personnel of the company are the directors, the Chief Executive Officer, Director of Innovations and Partnerships, and Director of Planning and Performance.

The total compensation paid and payable to the key management personnel including a stipend paid to the Chair, consists of short term benefits of \$814,147 (period ended 30 June 2019 \$829,423).

The Company has a number of Integrated Health and Mental Health Commissioned Services with an organisation which a director is a key management personnel. The contractual amounts paid/payable amounted to \$2,289,451 (2019: \$2,061,353). The outstanding balance as at the reporting date was \$959,728 (2019: \$847,054).

The Company has After Hours General Practitioner Commissioned Services Agreements with two director related entities. The amounts billed were based on normal market rates and amounted to \$1,038,750 (2019: \$957,000). There were no outstanding balances at the reporting dates under review.

In June 2020 the company executed an unincorporated joint venture with the South Western Sydney Local Health District (SWSLHD) to jointly invest in the implementation of a 'medical neighbourhood' model of care ('My Care Partners'). This is intended to be a sentinel integrated care project for the region, aiming to reduce levels of potentially preventable hospitalisations for a risk-rated register of identified patients. The joint venture deed sets out the terms on which resources including funding and in-kind services which will be committed by each party.

In the current financial year the joint venturers contributed \$764,000 to the project and \$187,147 was spent on project officer salary and oncosts and costs incurred in setting up the joint venture. Refer Note 19.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statements for the year ended 30 June 2020

12 Fair Value measurement

Fair Value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying values as presented in the balance sheet. Fair values are those amounts at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction. Areas of judgment and the assumptions used have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded.

	2020		2019	
	Amortised Cost	Net Fair Value	Amortised Cost	Net Fair Value
	\$	\$	\$	\$
Financial assets				
Current				
Cash and cash equivalents	19,064,075	19,064,075	21,854,487	21,854,487
Trade and other receivables	704,894	704,894	13,444	13,444
Total financial assets	19,768,969	19,768,969	21,867,931	21,867,931
Financial liabilities				
Current financial liabilities measured at amortised cost				
Trade and other payables	4,132,556	4,132,556	5,663,143	5,663,143
Lease Liabilities	294,540	294,540	-	-
Total financial liabilities	4,427,096	4,427,096	5,663,143	5,663,143

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statements for the year ended 30 June 2020

13 Contingent liabilities

There are no contingent liabilities that have been incurred by the company.

14 Capital commitments

The company has no capital commitments as at 30 June 2020 (30 June 2019: \$0)

15 Leases, operating leases as lessee

Operating lease commitments	2020	2019
Non-cancellable operating leases contracted for but not capitalised in the financial statements	\$	\$
Not later than 12 months	-	249,899
Between 12 months and 5 years	-	277,552
	<u>-</u>	<u>527,451</u>

The company leases property, under operating leases expiring from one to five years. Leases generally provide the company the right of renewal at which time some terms are renegotiated. Lease payments comprise a base amount plus an incremental contingent rental.

There is no comparative for the current year as the Company adopted the accounting standard AASB 16 on 1 July 2019 which resulted in the operating leases being recorded as a right-for-use asset. Refer Note 1(r).

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

Notes to the financial statements for the year ended 30 June 2020

16 Cash flow information

The Company received \$50,000 in Cashflow Funding Boost to assist with cashflows and has been recorded in the statement of financial performance.

(i) Reconciliation of cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to the related items in the balance sheet as follows:

	2020	2019
	\$	\$
Cash and cash equivalents for cash flow purposes	<u>19,064,075</u>	<u>21,854,487</u>

(ii) Reconciliation of cash flow from operations with surplus after income tax

Net Surplus for the period	136,198	35,065
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Non-cash flows in net surplus for the period

Depreciation	60,532	34,364
Amortisation	244,512	-

Net changes in assets and liabilities

(Increase)/decrease in receivables	(691,450)	1,264,827
(Increase)/decrease in other current assets	21,250	(299,366)
Increase/ (decrease) in payables	(1,530,587)	(580,563)
Increase/(decrease) in provisions	152,249	105,949
Increase/(decrease) in grants in advance and deferred income	<u>(879,912)</u>	<u>514,317</u>

Net cash (used in) / provided by operating activities	<u>(2,487,208)</u>	<u>1,074,593</u>
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17 Post-reporting date events

No adjusting or significant other non-adjusting events have occurred between the reporting date and the date of authorisation.

18 Members Guarantee

The Company is incorporated under the *Corporations Act 2001* and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum \$10 each towards meeting any outstanding obligations of the Company. At 30 June 2020, the total amount that members of the Company are liable to contribute if the Company is wound up is \$80.

Notes to the financial statements for the year ended 30 June 2020

19 Significant changes in the current period

In June 2020 the company executed an unincorporated joint venture with the South Western Sydney Local Health District (SWSLHD) to jointly invest in the implementation of a 'medical neighbourhood' model of care ('My Care Partners'). This is intended to be a sentinel integrated care project for the region, aiming to reduce levels of potentially preventable hospitalisations for a risk-rated register of identified patients. The joint venture deed sets out the terms on which resources including funding and in-kind services which will be committed by each party.

The budget and estimate of joint venture costs will be agreed between the joint venture parties at least three months prior to the end of each financial year. Each joint venturer agrees to contribute to the joint venture costs and other contributions in accordance with the agreement and in the event of a deficiency, the joint venturers may resolve by joint agreement for each joint venturer to make additional contributions.

In the current financial year the joint venturers contributed \$764,000 to the project and \$187,147 was spent on project officer salary and oncosts and costs incurred in setting up the joint venture.

The Company has entered into an arrangement with another Primary Health Network in the state to implement the Integrated Real-time Active Data (iRAD) system with practices in their region. iRAD is an innovative software for clinicians to share critical patient data between hospitals, general practice and other connected health care professionals. The arrangement is not expected to have a significant impact on the financial affairs of the Company however the expected impact on patient care is immeasurable and this activity fulfills the Company's mission and takes the vision beyond our local region.

20. Impact of COVID-19

There was no significant financial impact on the Company as result of the COVID-19 as at 30 June 2020. The Company continues to receive Government grants to per Program Funding Agreements and impairment of assets are not a major concern as the Company operates in leased premises and does not own a significant amount of assets.

SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK Limited

In the opinion of the Directors of South Western Sydney Primary Health Network limited:

1. The financial statements, comprising the statement of comprehensive income, statement of financial position, statement of cash flows, statement of changes in equity and accompanying notes, are in accordance with the *Australia Charities and Not-for-Profits Commission Act 2012*
 - a) comply with Accounting Standards - Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Regulation 2013; and;
 - b) give a true and fair view of the company's financial position as at 30 June 2020 and of its performance for the period ended on that date.
2. There are reasonable grounds to believe that South Western Sydney Primary Health Network Limited will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with a resolution of the Directors.



Dr Matthew Gray – Director



Dr Vince Roche - Director

Dated 27 August 2020

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF SOUTH WESTERN SYDNEY PRIMARY HEALTH NETWORK LIMITED
ABN 74 605 441 067

Opinion

We have audited the financial report of South Western Sydney Primary Health Network Limited (the Company), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes comprising a summary of significant accounting policies and other explanatory information, and the directors declaration

In our opinion, the accompanying financial report of South Western Sydney Primary Health Network Limited has been prepared in accordance with *Division 60 of the Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and *Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2020, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report and our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-Profits Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so. The directors are responsible for overseeing the Company's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.



We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

BDH Audit and Assurance Pty Ltd

A handwritten signature in black ink, appearing to read "Gede Barone".

Gede Barone
Director

Address: Level 12, 111 Elizabeth Street, Sydney NSW 2000

Dated this 27th day of August 2020



Australian Government



An Australian Government Initiative

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